Casualties of History

WOUNDED JAPANESE SERVICEMEN AND THE SECOND WORLD WAR

Lee K. Pennington

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Studies of the Weatherhead East Asian Institute, Columbia University

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Wounded Japanese Servicemen and the Second World War

Lee K. Pennington

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For my family

The seaman's story is of tempest, the ploughman of his team of bulls,
The soldier tells his wounds, the shepherd his tale of sheep . . .
—Sextus Propertius, *Elegies* Book II, 1:43

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Notes for the Reader

Japanese names appear in this book with family name preceding given name, except when English-language source materials reverse this order. Japanese terms common to English, such as kamikaze, are not presented in italics. Japanese words and personal and place names that frequently appear in English, such as tofu, Tojo, and Tokyo, are rendered according to standard English-language use without diacritical marks (macrons), but Japanese-language words in citations include such marks (e.g., tōfu, Tōjō, and Tōkyō).

For the sake of brevity, this book uses the acronyms IJA and IJN throughout as shorthand for Imperial Japanese Army and Imperial Japanese Navy. Specialists in Japanese military history may balk at my consistent use of such terminology to identify the modern armed forces of Japan. As Edward J. Drea points out, the term *kōgun* ("Imperial army") became widely adopted only in the 1920s following a rise in pro-emperor sentiment; using IJA and IJN is more of a convenience on my part than a statement about the nature of Japan's prewar military.[1] Moreover, I use Army Ministry (Rikugunshō) rather than War Ministry to maintain parity (and contrast) with Navy Ministry (Kaigunshō). For variety's sake, army and navy are used interchangeably with IJA and Army Ministry, on the one hand, and IJN and Navy Ministry, on the other. Throughout this book, NCO denotes noncommissioned officer or officers. Acronyms that appear when discussing the postwar Allied Occupation of Japan are limited to Public Health and Welfare Section (PHWS), General Headquarters (GHQ), Supreme Commander of the Allied Powers (SCAP), and Central Liaison Office (CLO). GHQ used SCAPINs (or SCAP Indexes) when conveying its directives to the Japanese government.

Money in prewar and wartime Japan included yen (¥) and sen; there were 100 sen in ¥1 (sen were abandoned in 1953). Between January 1895 and

December 1931 the annual yen-to-dollar exchange rate averaged roughly ¥100 = $49. The exchange rate in 1932 (the year after Japan left the gold standard) was ¥100 = $28 and stayed fairly constant until 1940, when the rate fell to ¥100 = $23. The exchange rate fluctuated during the next four years. By 1945, wartime inflation had lowered it to roughly ¥100 = $5; the rate continued to drop during the years immediately after Japan's defeat. In late April 1949, Allied Occupation authorities locked in a fixed exchange rate of ¥360 = $1, which reflected the effects of postwar inflation and remained in place until 1971. Since then, Japan has used a floating exchange rate. In 2010, the exchange rate averaged roughly ¥100 = $0.91 for the year.[2] In terms of relative worth based on the yen-to-dollar exchange rate and Consumer Price Index for 2010, ¥100 in 1895 equaled $3,640 in 2010 dollars, ¥100 in 1905 equaled $2,220, ¥100 in 1918 equaled $1,201, ¥100 in 1931 equaled $1,338, ¥100 in 1937 equaled $1,110, ¥100 in 1941 equaled $784, ¥100 in 1945 equaled $431, and ¥100 in 1952 equaled $6.[3]

I translate the word *haihei*—a conventional term used in Japan from the 1890s until the early 1930s—as "crippled soldier." To be sure, today such a term is distasteful, but it best reflects the historical language and mentalities of its day. It reappeared in public discourse in Japan during the early postwar period, but by then the neutral wartime term *shōi gunjin* (literally "injured and sick serviceman") had become the norm when referring to disabled veterans. Thankfully, the term *crippled* is becoming a casualty of history in a good way; let us keep it in the past and out of mind whenever possible.

Casualties of History

Introduction

At the end of the twentieth century, Kamizawa Shōichi, an Imperial Japanese Army (IJA) veteran, took stock of a lifetime largely spent as a casualty of war. Nearly sixty years earlier in 1942, the IJA sent Kamizawa—then a twenty-two-year-old recruit hailing from Japan's northeastern Iwate Prefecture—to China, where he spent two years among IJA forces given the task of conquering Shansi Province. On August 6, 1944, Kamizawa sustained an injury to his upper right arm during a rain of bullets and artillery shells; gas gangrene worsened the wound, which caused IJA field surgeons to amputate the limb and evacuate Kamizawa from the front lines. For five months he moved rearward through no fewer than seven overseas IJA medical installations, an evacuation route that included casualty clearing stations, field hospitals, garrison hospitals, and finally a hospital ship that plied its way to Japan from the continent. At home, military physicians sent Kamizawa to Provisional Tokyo Number Three Army Hospital, a facility on the western edge of the capital that provided physical, vocational, and spiritual rehabilitation to amputees and other patients with uncooperative or unusable limbs. After seven months of arduous physical therapy, during which he learned how to use a new artificial arm while suffering ongoing pain from nerve damage in his residual right arm, Kamizawa was discharged by the army from active duty in late July 1945 and returned home to Iwate. Two weeks later, the Second World War ended in Asia and the Pacific when Emperor Hirohito took to the airwaves on August 15, 1945, to announce his country's unconditional surrender to the Allied Powers and, by extension, the collapse of the Empire of Japan.

Kamizawa's experiences as a disabled veteran unfolded along with the growing pains of postwar Japanese society writ large; together, country and countryman learned to live with the deep cuts inflicted by war and defeat.

For ex-soldiers such as Kamizawa, this meant enduring not only dwindling social services and welfare protections but also diminishing renown as state and society (and the postwar U.S. occupiers of Japan) sequestered into the past as many reminders of the bloody, messy war as possible. For decades, Kamizawa suffered chronic physical pain as he struggled to sustain the livelihood of his family while toiling in a series of menial jobs. But he persevered. In 2000, Kamizawa recorded the story of his life, which he concluded with the declaration that he would never—*could* never—forget either his battlefield experiences or the postwar hardships brought about by his war injury. Yet, in the meantime, history had allowed not only Kamizawa's tale but also that of all his fellow wounded ex-servicemen to recede from the dominant narratives of Japan in war and peace. In an era of memories and memoirs filled with the voices of failed kamikaze pilots, bereaved families, and atomic-bombing survivors, there was little room remaining for the tales of war-wounded, leftover servicemen such as Kamizawa.[1]

This book is about neglected casualties of the Second World War, namely, Japanese wounded soldiers and physically disabled veterans. I examine the institutions that made it possible for men injured during the course of their country's aggressive expansion into the Asia-Pacific region to return home from overseas battlefronts and rejoin domestic society. Along the way, active-duty wounded soldiers became disabled veterans and faced the daunting task of assuming new economic, social, and familial roles on the wartime home front. Broken and bent on the front lines, disabled veterans grew accustomed to receiving wartime protections from the state and welcoming praise from society but then they experienced another jarring transformation following Japan's surrender. Public acclaim for the sacrifices and struggles of wounded servicemen quickly dissipated after Emperor Hirohito urged his subjects to embrace defeat, even though his imperial rescript on surrender intoned that "The welfare of the wounded and the war sufferers, and of those who have lost their homes and livelihood is the object of our profound solicitude."[2] The occupying forces that subsequently governed Japan from 1945 to 1952 dismantled the system of protective welfare services established for wounded servicemen during the war years. Demilitarization and democratization under U.S. guidance rendered Japanese wounded soldiers and disabled veterans into casualties of history once the story of the Second World War lost sight of Japan's war-torn military men.

The 1930s and 1940s were dangerous decades for Japanese servicemen. In September 1931, overly zealous officers in the IJA's Kwantung Army—the Japanese Army division based in north China—initiated fifteen years of militarized chaos in eastern Asia and the western Pacific when they destroyed a section of the South Manchurian Railway and blamed it on Chinese saboteurs; this was the start of the *Manchurian Incident*. The early 1930s witnessed ongoing military action in Manchuria and north China from September 1931 until roughly May 1933 as IJA troops seized control of

territories near the forcibly established Japanese puppet state of Manchukuo. A lull in combat operations in China took place during 1933–1936, but a sea change followed the Marco Polo Bridge Incident of early July 1937. Emboldened by the stiffened resolve of Chiang Kaishek, the Chinese leader, to resist Japanese military aggression, beginning in mid-July commanding officers of China's Nationalist Army dispatched their forces to IJA positions near Peking and Shanghai, thereby compelling the Japanese government to call up 200,000 reservists for active military duty before the end of the month; so began the *China-Japan War* of 1937–1945.[3] From that moment until August 1945, the Japanese state sent an ever-increasing number of young men to battlefronts strewn throughout the Asia-Pacific region. During the next eight years, the size of the IJA regular army swelled from 336,000 men in 1937 to 2.4 million men in 1945 as armed hostilities bloomed ever wider.[4] On the Japanese home front, state and society mobilized themselves for total war. The Imperial Japanese Navy (IJN), meanwhile, entered the fray full speed ahead via its strike against U.S. naval forces at Pearl Harbor in December 1941 and rapid advance southward to occupy southern Asian territories—a necessary move, it was argued in Japan, to maintain the gains in China. In July 1945, the IJN possessed a fighting force of 1.7 million men—up from 291,359 men at the close of 1941—that sought to counter the Allied Powers at sea during the twilight of the *Pacific War* of 1941–1945.[5] When Allied actions compelled Japan to accept unconditional surrender in August 1945 after years of pitched warfare, the era of Japanese military aggression that began in Manchuria in September 1931 came to an end. In this book, I examine the wounded Japanese servicemen of that long war.

Casualties of History uses the term *wounded servicemen* to refer to active-duty wounded soldiers as well as service-discharged disabled veterans or, in other words, a broadly inclusive community of war-wounded men regardless of their military duty status. The individuals at the center of this book have been known by various names in modern Japan, depending on their historical time and place. In the early 1930s, state and society adopted the term *shōi gunjin* (literally "injured and sick serviceman") to denote "disabled veteran" (Japanese words are singular or plural depending on the grammatical context). The term *shōi gunjin* did not carry the same meaning as *shōhei* ("wounded soldier")—a term that established that the man in question remained in active-duty military service. Prior to the 1930s, when a Japanese serviceman left military service with a disabling wound or illness he was called a *haihei* ("crippled soldier"). That term had no overtly negative undertone in the language of the late 1800s, but during the early 1900s, it acquired an unsavory patina after becoming linked to seemingly indolent wounded soldiers of the Russo-Japanese War of 1904–1905. Seeking to disassociate in the public mind the rapidly growing population of severely wounded combatants of the war in Manchuria and China from the supposedly lackadaisical crippled soldiers of wars of the Meiji Period (1868–1912),

the Japanese state began using *shōi gunjin* as a matter of course to identify a soldier or sailor whose disabling or debilitating injury or illness was expected to exist for the long term (in other words, a disabled veteran). The neologism carried with it none of the accrued negativity of *haihei* and signified that a man had been discharged from the military and had returned to civilian society; it was used for all servicemen with cognitive, physical, and sensory disabilities, although it existed alongside more particular designations such as *senmōhei* ("blinded soldier").

Unlike the English-language term *disabled veteran*, the Japanese term *shōi gunjin* literally conveys neither the possession of a chronic, disabling medical or physical condition nor the social status of having been discharged from military service. Nonetheless, both situations are implied; thus *shōi gunjin* is usually translated into English as "disabled veteran." Such a translation is linguistically loose but apt, and it is used in this book. Certainly, many *shōi gunjin* were left physically impaired or disabled by their wounds, but such was not always the case; in fact, during the war years the projected image of *shōi gunjin* was one of productive members of society who had received physical, vocational, and spiritual rehabilitation during the course of their military medical care and could manage their own independent livelihood. Using deflective terminology to downplay the existence of a war disability is not restricted to wartime Japan; since 2000, the U.S. Department of Defense has used *wounded warrior* as standard terminology for identifying a soldier, sailor, or Marine with physical and mental disabilities acquired during combat. The logic employed by the wartime Japanese state and the early-twenty-first century U.S. government is similar: draw attention to wounds, which can be healed, rather than to disabilities—which can be overcome or managed but probably will never go away.

When it comes to the disposition of injuries and ailments, wounded servicemen constitute a diverse community. In *Casualties of History,* I focus on physically disabled veterans of the IJA and home in on war amputees and their experiences. I do so to the exclusion of examining wounded servicemen with cognitive, mental, and sensory impairments, although I sometimes use tales of such casualties (and IJN casualties) to illustrate general trends and attitudes pertaining to war-related injuries and disabilities. Attempting to focus equally on all sorts of wounded soldiers and disabled veterans in one study would be problematic. For example, discussing blinded veterans as opposed to amputee veterans (i.e., servicemen with one or more traumatically or surgically severed limbs) would require an investigation of two separate pathways of medical treatment and rehabilitation (physical, economic, and spiritual) in addition to prevailing attitudes toward war blindness and the Blind[6] that manifested in Japanese society. Scholarship on disabled veterans in other national contexts illustrates the benefits of limiting the discussion of war-related injuries and their bearers to one type of community.[7] Still, the experiences of amputee and blinded veterans shared certain

similarities in wartime and early postwar Japan: both were rendered lost-to-command because of the gravity of their wounds; both had to negotiate new interactions between their physical abilities and the demands of work, family, and daily life; and both were conspicuous presences—amputees because of their missing or artificial limbs, and the Blind because of the commonplace accouterments of visual impairment (dark glasses, canes, and, in some cases, seeing-eye dogs). Both groups attracted staring—characterized by Rosemarie Garland-Thomson as an act of "profligate interest, stunned wonder, obsessive ocularity"[8]—and had to adapt to being noticed by society, even if the Blind could not stare back. Because of their visibility in the historical record, which resulted in part from their visibility in everyday life, amputee soldiers provide an ideal focus for drawing attention to the historical experiences of wounded soldiers and disabled veterans with physical disabilities.

One of the difficulties of studying Japanese wounded soldiers and disabled veterans is the challenge posed by statistically acknowledging their presence or, in other words, counting their numbers, which is more problematic than counting Japan's military war dead. Tallying its own military casualties posed a monumental challenge for Japan during and after a multiyear war waged across thousands of miles of far-flung battlefronts. In late 1935, the Army Medical Corps (Rikugun Gun'idan) reported that 3,441 Japanese soldiers had died in north China during 1931–1934, and that 88,952 servicemen had been hospitalized for various reasons that included war wounds, acquired diseases and illnesses, and suicide attempts. By April 1934, just over 2,500 IJA servicemen had been repatriated to Japan because their medical conditions made them lost-to-command and necessitated their evacuation from the fighting front, nearly half of them (1,064 men) for war-related injuries.[9] According to figures released in April 1949 by Japan's postwar Economic Stabilization Board, 1.14 million IJA servicemen perished between 1937 and December 1945.[10] As John W. Dower points out, roughly two-thirds of all Japanese military deaths after 1937 resulted from disease and starvation rather than combat operations.[11] Available pre-1937 statistics corroborate the devastating effect that disease had on IJA force strength during the 1930s. After 1937, countless numbers of Japanese servicemen succumbed to beriberi, dysentery, malaria, and other illnesses acquired in war zones that ranged from the frigid Aleutians to the steamy jungles of Southeast Asia. Many men died of starvation and malnourishment.

What about Japanese servicemen wounded in combat after 1937? The actual number of Japanese soldiers and sailors wounded during the Second World War remains unknown. The IJA sought in its wartime record-keeping to keep its rosters of killed-in-action and wounded-in-action men separate—and even went as far as to distinguish between killed-in-action deaths and men who subsequently died of their wounds at field medical installations (wounded-treated-died fatalities)—but such distinctions rarely make their way into postwar assessments of the human costs of the

war within Japan's military branches. Unlike the relatively contained Manchurian Incident of the early 1930s, after 1937 the fighting in China and later in the Asia-Pacific became too broad, too unrestrained, and too destructive to allow for either the parceling of casualties into neatly defined categories or the creation of comprehensive casualty statistics. To be sure, there were initial efforts to do so when military operations began to escalate in July 1937. For example, *Army Medical Corps Journal* (*Gun'idan zasshi*) reported in late August 1937 that 467 IJA servicemen in north China had died from mortal wounds between July 7 and August 19 and that 1,247 men had been treated for combat injuries.[12] But, from that point on, the professional publications of the IJA medical community fell largely silent regarding the number of military casualties. There are isolated reports, such as a 1944 Army Medical Corps handbook that discusses field medical services during the Second Shanghai Incident of August–September 1937, but in typical fashion, such studies do not help to establish a wide assessment of how site- and battle-specific casualties fit into a broader geographical and chronological snapshot of IJA woundings and fatalities.[13] Such brief glimpses do not align into a comprehensive ordering of the number of war-wounded IJA servicemen in the late 1930s and early 1940s.

Two factors help to explain the absence of a definitive count of the number of Japanese servicemen who sustained nonfatal combat injuries between 1937 and 1945. First and foremost, wartime medical records that spelled out the number of wounded soldiers and disabled veterans no longer exist, assuming that they ever did. As Dower and others note, "the skies over Tokyo remained black with smoke for days to come" after Emperor Hirohito announced defeat as civilian and military officials and other elites rushed to destroy documents before the arrival of the U.S. occupiers.[14] The lack of information about how many war-wounded men were repatriated to Japan from overseas makes it all the more difficult to register the number of disabled veterans. Historians of Japanese wartime military medicine are adversely affected by the dearth of official records about the IJA and IJN medical systems. In his preface to *History of Army Health during the Greater East Asia War*, a nine-volume compilation of IJA medical affairs published by the Ground Self-Defense Forces Health School, Sonoguchi Tadao, a school director, acknowledged that the paucity of official documents must be worked around when assessing the nature and scale of IJA medical care of the war years.[15] In the case of this semi-official history, retired IJA medical officers stitched together their firsthand observations and existing copies of official materials to create a Frankenstein's monster of citationless tables, unsubstantiated reports, and impressionistic remembrances, all rife with technical jargon and byzantine medical and pharmacological references. Thanks to this joint effort, historians can better trace the routes of IJA hospital ships but cannot always determine how many patients were on those ships or how often the ships moved between Japan and the overseas battlefronts.

Second, wartime elision helps to explain the lack of statistical evidence. Japan's disabled veterans became prominent figures in wartime periodical literature and total war mobilization campaigns once IJA armed skirmishes in continental Asia of the early 1930s worsened into full-blown war in China in 1937. In 1938, the Japanese state began to orchestrate social and spiritual mobilization campaigns that placed military casualties and war-bereaved families front and center in national efforts to unify the public into "one hundred million hearts beating as one" (*ichioku isshin*), as went one popular wartime slogan (see color plate 1). But, even though the state admonished society to honor wounded soldiers and disabled veterans, the scope of the damage being inflicted on the living bodies of Japanese soldiers and sailors remained under wraps. In the early years of the war, savvy readers of newspapers could ascertain that many servicemen were dying overseas by paying attention to public announcements of the enshrinement of souls at Yasukuni Shrine (the national Shintō shrine to the military war dead located in Tokyo), but wounded servicemen remained a noticeable but unquantifiable presence in the public reports of wartime losses. As demonstrated in the source materials used in this book, after 1937 censors redacted from popular and official reports—and even from the professional publications of IJA medical officers—the number of men who had been discharged from the most prominent military hospitals for amputees as well as tallies of other men with serious injuries. Even though the historian may be able to count the number of beds in the individual military hospitals located on the home front and possibly determine the inmate population at such facilities at a given time, it is difficult to determine how many wounded soldiers left those beds to reenter society as disabled veterans.

Yet, on closer inspection, the historical record offers tantalizing clues concerning the size of the community of disabled veterans in Japan at the end of the war. In August 1947, the Japanese government's Welfare Ministry (Kōseishō) communicated to officials in the Public Health and Welfare Section of Allied General Headquarters (GHQ) that 324,622 "injured ex-soldiers" were living in Japan at that time (see table 6 in chapter 6). This number seems surprisingly low, but it is shaped by the mind-set of the wartime Japanese state in that it denotes only the recipients of the military protection (*gunji hogo*) funds and services available to officially recognized disabled veterans at the time of Japan's defeat. These roughly 325,000 men were not wounded soldiers whose minor injuries had been treated in IJA and civilian medical facilities during the weeks and months surrounding defeat; they were not men who had been rendered ill or infirm because of debilitating diseases such as malaria. These were men who had sustained life-changing physical injuries such as amputations, severed spines, and shattered joints, as well as men with sensory impairments such as blindness, and had been receiving increased pension payments because of such inflictions. The tally represents the men whom the Japanese state had become

accustomed to identifying as disabled veterans and bolsters a later conclusion made by the Economic Stabilization Board in April 1949 that there were 295,247 wounded IJA servicemen as of December 1945.[16] Such assessments appeared during a time when the postwar Japanese state had no effective mechanisms in place either to count disabled veterans or to dispense livelihood assistance to such men, but taken together, such reports establish an informed estimate of roughly 300,000 to 325,000 disabled veterans living in Japan soon after the war ended.

The Japanese state kept its pre-1937 and post-1937 military casualty figures distinct, which reflects a conceptual gerrymandering of the war years within Japanese popular thought, apparent both then and now. Ienaga Saburō asserts that in the 1940s the Japanese public regarded the pre-1937 military actions in China as "disparate events separate from the larger conflict" of the day, even though Japanese military leaders often viewed Manchuria, China, and the Pacific as one large war.[17] After the attack on Pearl Harbor, the conjoined fighting in China and the Pacific became officially known in Japan as the *Greater East Asia War*, an appellation announced to the public by Japan's Imperial Cabinet in the days soon after Pearl Harbor. This name, however, was prohibited by GHQ in December 1945, and it was substituted in official discourse with the U.S.-preferred term *Pacific War*, which drew attention to the war fought between Japan and the Allied Powers and downplayed the connections between the fighting in Manchuria and China and that in the Pacific Theater. In an article published in January 1956 in *Central Review* (*Chūō kōron*), a leading commentary journal, Tsurumi Shunsuke initiated a new way of thinking about the strife between 1931 and 1945 as a *Fifteen-Year War*; months later he defended the label by arguing that "dividing the war into two parts is blurring the war responsibility."[18] Using the term "Fifteen-Year War" has its pros and cons. On the positive side, it draws attention to the habitual use of military force by Japan as a means to solve international and domestic disputes during the 1930s and 1940s, but on the negative side, it adversely misleads people into thinking that the fighting that took place from 1931 to 1945 constituted a single orchestrated plan on the part of Japan. As Thomas R. H. Havens states, "It was the period 1937–1945 that turned war and peace into the dominant cultural motifs of modern Japanese society";[19] it certainly was the case that, despite momentary arresting flare-ups during the early 1930s such as the First Shanghai Incident of early 1932, only after 1937 and the onset of total war mobilization did public attention to IJA and IJN activities became a constant concern in Japan. In recent decades, historians in Japan have begun to use the term *Asia-Pacific War* (which first appeared in print in 1985) to link the war in China to not only the Pacific but also the continental territories in southeastern Asia that served as battle zones during 1937–1945.[20]

Although in the first chapter of *Casualties of History* I discuss pre-1937 developments and in the last chapter I examine the postwar Occupation

period, I focus on the years 1937 to 1945 when discussing the wartime experiences of Japanese wounded soldiers and disabled veterans. This delineation exists for a number of reasons. First, the number of Japanese servicemen wounded during the fighting in China between September 1931 and July 1937 was slight compared to the dramatic expansion in casualties after July 1937. It was only after the IJA registered a surge in nonfatal casualties in mid-1937 that it sent more medical personnel into the field and the Japanese state created unprecedented welfare services for disabled veterans at home. These developments were accompanied by an increase in official and unofficial writings and activities geared toward war-wounded men and peripheral issues concerning their well-being—a change that took place not only at the state level but also throughout the national and local levels of Japanese society. The sharp rise in the amount of materials written and actions taken by, for, and about wounded soldiers and disabled veterans serves as the second reason for focusing on 1937–1945; the war-wounded are marginal figures in the historical record prior to 1937, but afterward they are a more prominent presence.

A third reason for focusing on 1937–1945 is that these years roughly correspond to the timeframe of the *Second World War* as a global event. There are compelling reasons for identifying a fifteen-year-long war in Asia, but for English-language readers, the late 1930s and first half of the 1940s most readily spring to mind as the World War II era. The term "Asia-Pacific War," although a useful nomenclatural corrective, is largely unfamiliar outside of Japan. For this reason, the subtitle of this book identifies the topic at hand as being wounded Japanese servicemen of the Second World War, which here means July 1937 to August 1945. Ultimately, the term "Second World War" is more familiar and forgiving than specialized terms used by historians to refer to particular chronological, geographical, military, and social conflicts of the 1930s and 1940s.

Indelible representations of Japan's Second World War that have held sway since 1945 have produced a loser's narrative within which, we might think, wounded soldiers and disabled veterans would have a starring role. We might expect the veterans of a mid-twentieth-century war that involved all levels of society to occupy a prominent place in the history of a nation. But, until recently, Japanese veterans have received scant notice in Japanese- and English-language scholarship, with the wounded receiving even less attention. Veterans—at least the able-bodied ones—do appear in oral histories of the war, but disabled veterans figure only briefly in studies of wartime and postwar society.[21] In contrast, Japanese military fatalities and their kin—from kamikaze pilots to bereaved families—have all played a part in postwar memory and politics and have been well-studied by scholars.[22]

Outside the field of Japanese history, English-language scholarship on war-related injury and disability has grown in recent years, thanks in no small part to the appearance of the "new military history" that focuses on the cultural and social aspects of war and the experiences of warfighters and

other military personnel.[23] Certainly, U.S. involvement in overseas wars during the early twenty-first century has rekindled attention to the traumatic experiences of members of armed forces. Moreover, the emergence of the field of Disability Studies has contributed to the heightened focus on not only historical institutional approaches to contending with disabilities but also the historical experiences of people with cognitive, emotional, physical, and sensory disabilities, particularly in the Western world.[24] A more recent development has been the growing scholarly consideration of people with disabilities in non-Western contexts; English-language studies of disabled veterans in national contexts outside of Europe and the United States have begun to appear, albeit slowly.[25] Japanese-language scholarship, meanwhile, has largely maintained an institutional focus on war disability in history and society, but the field is poised to change now that a new generation of scholars in Japan has begun to reexamine the nature of total war mobilization, soldiers' experiences during the Second World War, and the history and memory of the Occupation era and the later 1950s.[26]

Popular representations of IJA battle casualties and the wartime Japanese medical system cast IJA wounded servicemen as grotesque or pathetic individuals—a characterization fueled by sensational fiction and selective memories that have taken root both inside and outside Japan. First, the literary depictions. Composed on the eve of Japanese military aggression in Manchuria and China, Edogawa Ranpo's 1929 short story "The Caterpillar" ("Imomushi") shocks readers through its tale of Lieutenant Sunaga, a faceless, quadruple-amputee veteran, and his perversely devoted wife Tokiko, who tends to her husband with a bedside manner in line with Ranpo's signature erotic-grotesque sensibilities. In the opinion of Tokiko, her mute husband was "a man so pitifully maimed that the word 'cripple' was inadequate to describe him"; he was a "kept animal" and a "lump of yellow flesh" that was little more than "a surface for scars." The short story repulsed the media censors of wartime Japan, who in 1939 blocked it from republication during the war years; since then, it has become well known as a representative Ranpo creation.[27] In addition to Ranpo's nightmarish prewar depiction of a disabled veteran, postwar literary representations of Asia-Pacific battlefronts paint gruesome images of a medical system in shambles. Shōhei Ooka's prize-winning 1951 novel *Fires on the Plain* (*Nobi*), a tale of depravity and redemption set in the Philippines toward the end of the war, portrays IJA field hospitals as hellish sites lacking in food, care, and compassion.[28] Both tales became internationally released feature films—first, *Fires on the Plain* in 1959 and, then, "The Caterpillar" fifty years later in 2010—and continue to cast the experiences of Japanese wounded servicemen and the workings of the IJA medical system as egregiously dark spots in the murk of the Second World War.[29] In the main, literary treatments of the war characteristically include IJA wounded servicemen as iconic figures of battlefield suffering.

Supplementing such dim cultural constructions are undeniable but chronologically and geographically contingent firsthand accounts of war and occupation by both the vanquished and the victors. On the one hand, there are the Japanese perspectives. In June 1944, an eighteen-year-old settler on Saipan named Sugano Shizuko observed firsthand the dire straits of Japanese military medicine during the month-long U.S. invasion. Sugano volunteered to serve as a nurse at an IJA field hospital established in a cave in the central island foothills of Mt. Tapochau. According to her 1959 memoir,

> A soldier with an injured back came before us. We made him lay face downwards. The flesh of his back was split open like a pomegranate and something black could be seen in the wound. A medic loudly shouted "OK, I'm going to take out the shrapnel!" then using something that looked like a nail puller he grasped hold of the black thing and tugged at it with all his strength. The wounded soldier groaned and passed out. I was taken aback. It was such a violent act, done without even an injection. I grew worried, wondering if he would die, but there was no time to fret about such things. Saying "If there's no moving about [by the patient], then it makes the job easier," the medic plucked again at the end of the shrapnel with the pincers. This time a doctor used a scalpel to cut away the flesh surrounding the fragment. The medic used all his might and pulled but the shrapnel still would not budge. Two times, three times, then it came free. Even though [the lodged shrapnel] did not seem like much when you peered into the wound, upon its release you could see that it was the size of an adult's fist. It was a piece of steel, burnt red and black.[30]

In the face of such horrific depictions, we might ask: How could anyone have survived not only combat injury but also battlefield medical care? But context and circumstances matter. When the war reached Saipan, U.S. ships quickly cut Japanese supply lines to and from the island. With no supplies moving in and no patients moving out, Japanese military medical services rapidly deteriorated. IJA field medical installations withdrew into the highlands at the center of the island—a terrain given ominous nicknames by U.S. servicemen, such as "Death Valley" and "Purple Heart Ridge." In contrast to earlier years of the war, by mid-1944 IJA field medical services had been forced to retreat to inescapable, logistically unviable positions where they disintegrated past the point of no return, much to the dismay of the injured and ill men. To this day, ghastly Japanese depictions of military medicine in decline and wounded soldiers in agony such as those found in Sugano's writings about Saipan overwhelm earlier, calmer realities because these later moments of the war are unforgettably bleak. They became seared into Japanese memory.

On the other hand, there are foreign viewpoints. After Pearl Harbor, Allied servicemen witnessed and wrote about the appalling conditions of

Japanese field medical services at battle sites ranging from Attu to the River Kwai. British Captain Ernest Gordon of the Ninety-Third Highlanders, a captive held in Japanese prisoner of war (POW) camps from the fall of Singapore in February 1942 until the end of the war, wrote in his memoirs that the wounded Japanese soldiers he encountered in the jungles of Thailand in April 1945 "were in a shocking state." According to Gordon, "I have never seen men filthier. Uniforms were encrusted with mud, blood, and excrement. Their wounds, sorely inflamed and full of pus, crawled with maggots. . . . [These wounded Japanese men] had been discarded as expendable, the refuse of war. These were the enemy. They were more cowed and defeated than we [captives] had ever been."[31] Later, when Americans flowed into Japan after the end of the war to staff the postwar Occupation, they encountered the very same men whose bodies they had broken. For years, disabled veterans wearing white hospital gowns and bearing artificial limbs, bandages, and canes could be seen standing on urban street corners and at the entrances to public attractions, imploring passers-by to lend them a hand in the form of a few yen (see figure I.1). Ernest Harmon Knight, an American who served as chief of services at Japan Air Defense Force

Fig I.1 Photograph of a double-amputee veteran soliciting contributions on the streets of Tokyo, undated (c. 1950–1951); the sign on the street stand in front of him reads "Collection Box for Rehabilitation Funds." *Source:* Knight, *Reminiscences*, 193. Courtesy of the family of Ernest Harmon Knight.

Headquarters in Nagoya during 1950–1951, mentions disabled veterans in his memoirs. Knight concluded that "wounded or incapacitated [Japanese veterans] were of no further use [in the eyes of Japanese society] and therefore given no assistance or consideration," whereas "able-bodied veterans melted back into their place in society with no indication of their military past except their general physical condition and age level."[32] In sum, historical accounts of war and defeat wrap Japanese wounded soldiers and disabled veterans—if and when they do appear—in the bloodied rags and white robes of victimhood.

But these are late wartime and early postwar views; they do not reflect popular attitudes about wounded servicemen that existed on the Japanese home front prior to Japan's devastating routs at Midway, Attu, and Saipan. Readers of *Casualties of History* must reconcile themselves to the fact that, for many years, Japanese society cast wounded servicemen as "white-robed heroes" (*byakue yūshi*), an appellation embraced by the state and accepted wholeheartedly by a nation that desperately needed to make sense of the war and to express gratitude to the sons, brothers, husbands, fathers, and neighbors who were risking life and limb at the front. No matter the intensity of the rhetoric of dying gloriously in battle for the emperor, Japanese servicemen hoped to return home alive, and their loved ones wanted them to return home alive too. When men did return during the war, broken bones and mutilations and all, home-front society welcomed them as heroes. In the eyes of the wartime public, Japan's wounded servicemen began their military careers as able-bodied, heroic men and they ended them as disabled, heroic men.

And yet . . . and yet . . . in Asia the war years consisted of dark days. Significant historical studies of the Second World War remind us that it was a "war without mercy" that left behind discomforted women, the raped of Nanking, and the test subjects of Unit 731, among other victims. In *Casualties of History,* I make no apologies for the atrocious acts committed by Japanese military forces during their unlawful, violent attempt to subjugate Asia under imperial rule, but I also do not put forward the targets of Japanese military aggression. There are many thoughtful, well-researched studies that do so.[33] In addition, Japanese civilian war sufferers (*sensō giseisha*)—with the exception of war-bereaved military families (*izoku*)—are largely absent from these pages, as are kamikaze pilots and other oft-discussed fatalities.[34] Instead, I ask you, the reader, to shift your attention to the men of Japan whose bodies were ravaged and remade during the course of their often involuntary military service. If you detect sympathy on my part for the plight of these men, it is for their physical and mental pains as fellow human beings, not for their efforts and objectives as aggressors.

When it comes to integrating wounded Japanese servicemen into the story of World War II, there is the possibility of winds changing. This book began as a dissertation, most of the source materials for which were collected

in Tokyo during 2001–2003. Three years later, the Japan Disabled Veterans Association (Nihon Shōi Gunjinkai) brought to fruition nearly a decade of preparations and opened the Shōkeikan (officially titled in English the "Historical Materials Hall for the Wounded and Sick Retired Soldiers, etc.") in Tokyo on March 21, 2006 (see figure I.2). Part exhibition hall, part archive, the facility sits at the foot of Kudan Hill; up the street are the Shōwakan (a museum archive that focuses on the Japanese home front during the Second World War) and the headquarters of the Japan War-Bereaved Families Association (Nippon Izokukai). Just a short way further up the road are Yasukuni Shrine and Chidorigafuchi National Cemetery, the latter of which houses the remains of the unidentified military war dead of Japan. The neighborhood has become nothing less than a nexus of war memory and national loss.

Founded in the months soon after the end of the postwar Occupation, the Japan Disabled Veterans Association became the country's central organization for war-wounded men; its membership consisted of disabled veterans and their wives. For most of its sixty-one-year history the group worked to increase pension benefits for its members; it also opened and ran a meeting hall and visitor quarters near its Tokyo headquarters. In

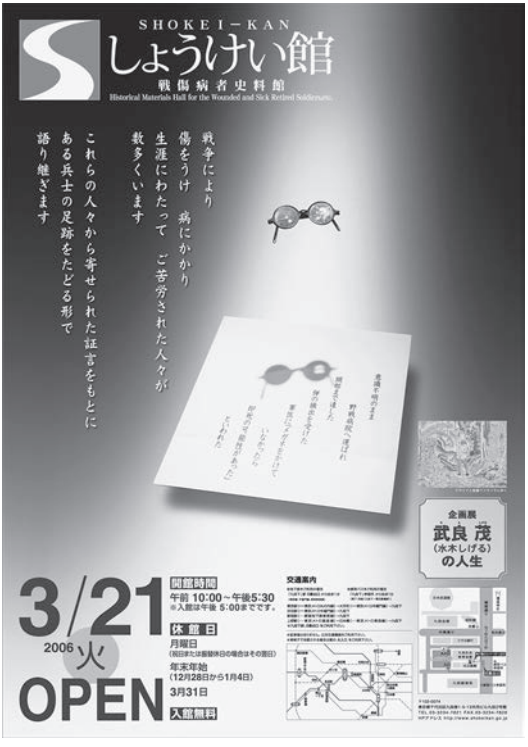

Fig I.2. Promotional flyer announcing the March 21, 2006, opening of the Shōkeikan. Used with the permission of the Shōkeikan.

early summer 1998, the association asked its members to consider donating personal objects and documents for what would become a Welfare Ministry–led "heritage project on the hardships of wounded and sick servicemen and related individuals" (*senshōbyōsha nado rōku keishō jigyō*) of the Second World War, namely, an effort to share the experiences of disabled veterans with a wider audience.[35] During the next seven years, the association collected materials, prepared reports, studied the exhibits located at not only the Shōwakan but also overseas war-related museums, and made plans to establish a new headquarters and educational facility. At long last, the Shōkeikan opened on a side street off the main road of Yasukuni-dōri; occupying three floors, the facility contains a small library and oral-history archive (on the first floor), an exhibition hall (second floor), and, for a while, the central offices of the Japan Disabled Veterans Association (third floor).

The Shōkeikan provides visitors with a multifaceted look at the experiences of Japanese wounded servicemen of the Second World War; its exhibition space begins with an examination of frontline military medicine and leads visitors along the routes of medical evacuation and into the uncertainties of the immediate postwar era. Thanks to donated materials and commissioned investigatory reports, the Shōkeikan presents a comprehensive account of the medical, social, and economic realities that followed wounded soldiers and disabled veterans from the front lines and into postwar society. Some of those materials are used in this book; still, the statistical data found within them are often fragmentary.[36] By early 2013, nearly 850,000 visitors had gone to the Shōkeikan, including Emperor Akihito (the son of Emperor Hirohito) and his consort Empress Michiko, who visited in January 2009 (see table 1). Anonymous visitors' comments dating to 2006 include statements such as "[The Shōkeikan] has made a deep impression on me because I participated in the war and experienced such things" (from a visitor in his seventies) and "Until now I didn't know anything at all about disabled veterans, but I became interested when I saw the flyer [for the Shōkeikan]" (from a visitor in his or her twenties).[37]

Table 1 Number of visitors to the Shōkeikan, March 2006–March 2013

Calendar year	Number of visitors
March–December 2006	80,245
2007	102,836
2008	122,149
2009	124,428
2010	135,202
2011	118,210
2012	144,456
January-March 2013	22,187
Total	849,713

Source: Shōkeikan, *Shōkeikan nenpō* (2008–2013).

The Japan Disabled Veterans Association voluntarily dissolved in November 2013; the primary reason for this was that the organization existed for the sake of its members—disabled veterans and their wives—but membership had fallen sharply as its core constituency dwindled in numbers.[38] Simply put, Japan's wounded servicemen of the Second World War have become casualties of time, as have similar individuals in other parts of the world. In late 2013, the Welfare Ministry assumed administrative control of the Shōkeikan, which remains open to this day. Thanks to the actions of the Japan Disabled Veterans Association during its twilight years, there is hope that its inclusion in Tokyo's institutional community of public sites and shrines devoted to the men and women, children and parents, and lost souls of the Second World War will reinsert Japanese wounded servicemen of the 1930s and 1940s back into the national narrative of modern Japan.

So it is that Japanese wounded servicemen are doubly casualties of history because of their war injuries and ongoing absence from (or fleeting appearance or misrepresentation in) the history of mid-twentieth-century Japan. This book helps to correct that oversight by examining the experiences of Japanese wounded soldiers and physically disabled veterans across the prewar-wartime-postwar divides of Japanese history. The narrative begins in the late Meiji Period to provide historical context that helps explain the enormity of the welfare reforms enacted soon after the start of the Second World War. The wartime component of the book covers 1937–1945; then, the postwar portion of the book examines the Allied Occupation of Japan (1945–1952), during which time new ways of rehabilitating and regarding disabled veterans fell into place via the interplay between the U.S. occupying forces, the emerging postwar Japanese government, disabled veterans, and a general public that had grown weary of war and its consequences. The wartime-postwar divide must be crossed because the reasons behind the disappearance of Japanese wounded soldiers and disabled veterans from history are made clear by assessing the experiences of wounded servicemen both before and after defeat.

I start *Casualties of History* by examining the prewar institutional and legal measures enacted on behalf of war-wounded men. In chapter 1, I briefly discuss events of the late Meiji Period, including the Sino-Japanese War of 1894–1895 and the Russo-Japanese War waged a decade later. These two consequential conflicts produced wounded servicemen and disabled veterans—called crippled soldiers—in numbers never before seen in Japan. Supported by private rather than state-funded assistance programs, the war-wounded men of the late Meiji Period found themselves at the center of an emerging debate about the social and economic privileges that accompanied mandatory military service; it was not until a downturn in the Japanese domestic economy and the outbreak of the First World War in Europe that financial and political elites began to consider seriously how best to alleviate the distressed socioeconomic circumstances of wounded servicemen. By fits

and starts, social services for disabled veterans took shape during the 1910s and 1920s; then, the emerging military conflict in north China in the early 1930s pushed the state to develop such programs even further.

The experiences of wounded soldiers of the China Front are discussed in chapter 2, which details the echelons of IJA field medical care that wounded men passed through during the course of their overseas medical treatment. Contrary to widely held popular views, notably in the Western world, IJA field medicine was sophisticated and deft in its handling of battle casualties, with the injured moving rearward through a network of dressing stations, field hospitals, and garrison hospitals before being repatriated to Japan via hospital ships. In this chapter, I guide the reader along the medical evacuation route from north China to Japan taken by Private First-Class (PFC) Saijō, a combat amputee who told his tale of injury and rehabilitation in his 1941 memoir *The Fighting Artificial Hand*. Along the way, I discuss IJA field medicine, detail amputation techniques used by army surgeons, and describe the institutional structure of field medical installations. As Saijō makes his way homeward, I not only survey the logistics of field wound management but also investigate the mind-sets of Japanese soldiers who did not die in battle for the emperor but, rather, had to reconcile themselves to returning home as war-torn men. Supporting primary sources include IJA tactical manuals and medical textbooks; official studies of IJA overseas medical installations; casualty statistics; and firsthand accounts by Japanese wounded soldiers, IJA medical corpsmen, Japan Red Cross Society nurses, and foreign observers of Japanese frontline medical care.

In chapter 3, I continue the story of PFC Saijō, following his repatriation and admission to Provisional Tokyo Number Three Army Hospital, Japan's premier medico-military institution for combat amputees. Established in 1938, Tokyo Number Three served as a designated rehabilitation center for physically wounded soldiers prior to their discharge from military service. This chapter examines the rehabilitation of wounded soldiers with lost limbs while chronicling the therapy regimen undertaken by Saijō. I begin the chapter with a brief discussion of how Tokyo Number Three came to be established in the "military city" of Sagamihara, situated on the outskirts of Tokyo. Visited frequently during the war years by military and political dignitaries and even Emperor Hirohito and Empress Nagako, Tokyo Number Three emerged as a noted medical institution for tending to the physical well-being of injured servicemen. During his stay, Saijō was fitted with a state-of-the-art prosthetic arm and participated in various therapeutic activities—ranging from martial arts to working on the hospital's farm—designed to strengthen his body and prepare him for his return to civilian life. In addition to Saijō's memoir, this chapter draws from Army Medical Corps reports and medical studies written by the staff of Tokyo Number Three describing the physical, vocational, and spiritual rehabilitation of war-wounded men on the Japanese home front.

Chapter 4 discusses welfare services for military casualties established by the wartime Japanese state. Confronted with the sharply rising number of wounded servicemen returning from China, Japan's newly created Welfare Ministry developed programs designed to ease the introduction into society of large numbers of war-disabled men. Heeding the input of Imperial Diet legislators, the Welfare Ministry established the Wounded Soldiers Protection Agency (Shōhei Hogoin) to oversee the affairs of disabled veterans and war-bereaved families. The result was a bevy of new welfare programs concerned with the physical, vocational, and spiritual well-being of disabled veterans. This chapter details the establishment of the Shōhei Hogoin and its successor, the Military Protection Agency (Gunji Hogoin). As it did during the Meiji Period, the state relied on private actors to support its public operations, and this chapter details the contours of this wartime collusion. The source materials for this chapter include Welfare Ministry documents, Imperial Diet records, the writings of General Honjō Shigeru (the first director of the Gunji Hogoin and a former chief aide-de-camp to Emperor Hirohito) and other key actors, and instructional materials made available to disabled veterans and their dependents that explained state services for disabled veterans.

In chapter 5, I explore the projected image of disabled veterans as icons of noble sacrifice that attained visibility in Japan during the war years. Due largely to official efforts, the Russo-Japanese War image of seemingly indolent crippled soldiers was replaced during the late 1930s by visions of heroic disabled veterans deserving of the admiration of society at large. This transformation sprang from the impetus to provide disabled veterans with a sense of positive self-worth and social belonging. Such an undertaking also figured into state initiatives to rouse public support for the war effort. For the first time, the Japanese state began to issue meritorious service medals to disabled veterans, while annual public events, such as Home Front Support Strengthening Week, extolled the sacrifices made by injured servicemen. I examine the images of disabled veterans that permeated popular culture and everyday life during wartime once disabled veterans became white-robed heroes, declared such because of the hospital gowns they habitually wore in public. Popular fiction, print culture including posters and advertisements, feature films, and writings drawn from popular magazines and journals provide the sources for this exploration of moral suasion and morale building on the wartime home front.

The postwar transformation of Japanese disabled veterans into casualties of history is the topic of chapter 6. Despite the accolades of the late 1930s and early 1940s, public acclaim for wounded servicemen and their sacrifices evaporated once the Japanese home islands began to endure ongoing Allied bombing raids from late 1944 onward. Ordinary men, women, and children became casualties of war; as a result, praising war-wounded men for their sacrifices became a dicey public affair. Then the war ended, and Japanese society

began to prepare itself for foreign occupation. Initial apprehensions—on the part of both the U.S. victors and the Japanese vanquished—disappeared when it became clear that this was to be a benevolent rather than a vengeful occupation. When Allied occupation forces began to put in place the reforms that they deemed necessary for demilitarizing Japan, they determined that wartime systems of preferential treatment for military casualties had to be abolished. Faced with wide-scale social suffering, Allied GHQ and Japan's Welfare Ministry worked together to devise nonpreferential welfare services for people in need while, at the same time, stripping IJA hospitals, Gunji Hogoin facilities, and even disabled veterans themselves of their inherently military identity. In this chapter, I chronicle the demise of wartime assistance programs established for the benefit of disabled veterans. I also chart the emergence of new state-directed social welfare services that replaced the quasi-public services introduced by the Welfare Ministry during the war years. These changes culminated in the Livelihood Protection Law, whose promulgation signaled the end of imperial assistance programs and the commencement of public assistance programs open to all citizens in need, and the Law for the Welfare of Physically Disabled Persons, Japan's first national legislation for people with physical disabilities. Although these laws bettered the lives of disabled veterans, they shut the door on the preferential treatment that those men had had prior to defeat. In effect, Japan's disabled veterans of the Second World War lost their privileged identity as ex-servicemen and became merely disabled men.

1

Fundamentals of Military Support in Prewar Japan

In April 1923, Japanese sixth-graders scampered into their classrooms for the start of the new school year, possibly animated by knowing that this was to be their final year as elementary school students but more likely dismayed to be back at their desks. Whether gleeful or glum, those eleven- and twelve-year-olds eventually opened their textbooks to find out what the coming term had in store for them. In their two-volume ethics readers—standardized texts published by Japan's Education Ministry that teachers used to supplement language lessons and foster civic virtues—students encountered that year's parade of exemplary youths from whom they were expected to take inspiration and moral instruction. There sat a young Isaac Newton, hunched over his desk in his workshop as he studiously assembled miniature waterwheels and other contraptions. Straining against rough waves was Grace Darling, the lighthouse keeper's daughter who in 1838 took to the sea in a rowboat to rescue survivors of the *Forfarshire* after that ship cracked in half off the windswept northern coast of England. Closer to home, sixth-graders made the acquaintance of Sasaki Kenji, an amputee veteran living at the Crippled Soldiers Institute (Haiheiin) located in the Sugamo district of Tokyo.

The 1923 revised edition of the sixth-grade ethics reader not only introduced Japanese schoolchildren to a casualty of war (albeit an apocryphal one) but also taught those young imperial subjects that war-wounded servicemen deserved the gratitude and support of the nation. In a lesson filled with challenging vocabulary such as *shussei* ("departure to the front"), *kisei* ("homecoming"), and *senshō* ("war wound"), juvenile readers were told to imagine themselves traveling from the countryside to the capital to visit Sasaki, a family maidservant's nephew who years earlier had fallen wounded as a "distinguished hero" of the Russo-Japanese War (see figure 1.1).

癈兵院の正門をはいると、廣い道路の上には、美しい楓の枝がトンネルを造つて、そよ〳〵と吹過ぐる風も心地よい。午後の日ざしの赤々とさしてゐる左右の植込の奥からは、小鳥のさへづりにまじつて、鶴の鳴く聲も折々聞える。事務所へ行つて面會の事を頼むと、掛の人が

「あゝ、佐々木健治さんですね。」

と言つて、直に案内してくれた。向ふの大きな建物に續

Fig 1.1. Text and illustration from chapter 28 of the 1923 edition of the sixth-grade ethics reader *Ordinary Elementary School Reader*, which focused on the Haiheiin; the illustration depicts a "crippled soldier" on crutches as he walks down the wooded driveway leading into the Haiheiin. *Source:* Monbushō, *Jinjō shōgaku dokuhon*, 130. Collection of the author.

Described as a "sturdy-looking guy" and a "fine fellow who clearly seems like a hero," Sasaki leads his visitors around the grounds of the Crippled Soldiers Institute, his home, where he cheerily states he wants for nothing. Drawing quiet attention to his artificial leg, Sasaki emphasizes that even though some of his fellow residents have lesser wounds and others have graver ones, he and all his colleagues receive excellent care and attention. Kept busy by diversions ranging from pianos to pool tables and by opportunities such as studying calligraphy and photography, the men of the Crippled Soldiers Institute spend their time engaged in a quiet convalescence. At the end of the lesson, the sixth-grade pupils exited the grounds of the Crippled Soldiers Institute on friendly terms with Sasaki and better informed about the "kind treatment" that the state extends to him and his cohort.[1]

War-wounded men were not new to Japanese society during the 1920s, but providing for their livelihood was a recent endeavor of the Japanese state. For decades, Japan's government had resisted using its monies to support impoverished crippled soldiers and their families. Instead, during the late Meiji Period and early Taishō Period (1912–1926) the state had regarded military support (*gunji engo*), or the mustering of actions and resources to strengthen the morale and improve the well-being of servicemen in need and their families, as a private pursuit best animated by the spirit of mutual assistance (*rinpo sōfu*) said to exist within local communities. As such, during and after the Sino-Japanese War of 1894–1895 and the Russo-Japanese War of the early 1900s, it was Japan's people, not its government, who bore the burden of alleviating the financial hardships of crippled soldiers. When state-funded assistance did appear, it was token, not total, in nature.

Rather than assuming financial responsibility for men rendered economically unproductive because of military service, the state insisted that assisting the wounded was a private concern that depended on the kindness of neighbors. Only in the wake of the First World War did voices within the government begin to clamor for greater state-funded support for the seriously wounded and their families as well as for the bereaved families of the military dead. Thanks to a rising sense of the importance of maintaining home-front support for military efforts, during the late 1910s Japan's government began to enact legislation that addressed the plight of war-wounded men. By the 1920s, these laws and modest initiatives such as the Crippled Soldiers Institute served as the public face of state-funded military support in Japan. Even so, the government resisted the notion that these and later programs symbolized the right of wounded servicemen to receive livelihood assistance from the state; instead, state-funded military support was cast as a manifestation of imperial benevolence, not an entitlement that accompanied military service.

Military support was transformed from a private undertaking in the mid-1890s into a state-funded enterprise by the start of Japan's Second World War in July 1937. In the process, the Japanese government devised ways to

unmake the prevailing image of war-wounded men that had emerged in the wake of the Russo-Japanese War, from one of indolent crippled soldiers (*haihei*) to economically and socially productive disabled veterans (*shōi gunjin*), the latter term a neologism of the 1930s. Although this revision did not attain full force until after July 1937, developments between 1910 and 1930 paved the way for the rapid mustering of governmental and private-sector support for war-wounded men that took place in the late 1930s. Private-sector initiatives remained significant, but the decisive roles played by politicians, government bureaucrats, and military planners when it came to shaping state-funded military support demonstrate the "elitist origins" of prewar welfare programs for wounded servicemen.[2] Over time, state-funded military support evolved from its early focus on extending limited financial aid only to needy military families into the later comprehensive services that embedded all war-wounded men in government programs geared toward improving their physical, economic, and spiritual well-being. This was a transformation that, unknown to them in 1923, the young male readers of sixth-grade ethics textbooks would later appreciate—in the 1930s and 1940s, many of those lads became disabled veterans like Sasaki Kenji, their one-legged host at the Crippled Soldiers Institute in their childhood textbook.

An Emphasis on Private Assistance

The path leading towards social welfare services for Japanese disabled veterans of the Second World War begins with the long-standing state preference for relying on private assistance to lessen the financial burdens associated with military service, a stance assumed during the Meiji Period. During the 1890s, private actors rather than the state held the lion's share of the responsibility for coping with the social and economic upheavals caused by military service, including the woes of disabled veterans. The Sino-Japanese War marked the first nationwide round of private efforts to diminish the adverse effects that military service brought to servicemen and their families. Approximately 220,000 inductees were deployed to mainland northeast Asia during the war with Qing China. At that time, conscripts served in active-duty status for three years; after returning home, they spent four years in the first reserves and then five years in the second reserves. During the war, 40% of IJA noncommissioned officers (NCOs) and soldiers came from the reservist ranks, which meant that conscription cut deep into Japan's villages, towns, and cities.[3] Military conscription up-ended life for families throughout Japan, many of which depended on their able-bodied men to generate the financial income needed for everyday existence. Households could not appeal to the state for livelihood aid to counter conscription-related financial duress, a condition established by the Relief Regulations (Jukkyū kisoku) of December 1874. Ostensibly, that statute put to rest

the poor relief measures of the Tokugawa Shogunate and laid the foundation for new forms of imperial benevolence shaped by Western (notably English) practices. In actuality, the regulations perpetuated a way of thought that held that livelihood assistance should come from local, private sources. The Relief Regulations stoked the state belief that poor relief ought to be "based on mutual fellowship among the people"; the statute touted benevolent rule on the part of the government, but the extension of financial aid to the public was limited.[4]

The Relief Regulations granted state assistance only to people who could not rely on self- or externally generated means of financial support; thus, the families of conscripts—in other words, men receiving military stipends—were not eligible for relief. Moreover, the Meiji government did not want to undermine conscription by suggesting that military service brought with it hardships that required financial assistance from the state, hence the attitude that military families in need, including those of disabled veterans, ought to rely on mutual assistance from their local communities. In fact, during the 1890s demands for state-funded assistance for disabled veterans and their households would have been relatively modest. *History of the Sino-Japanese War of 1894–1895*, an eight-volume opus published by the IJA's General Staff Office in 1904, asserted that 171,164 Japanese servicemen and civilians were hospitalized during the conflict; only a scant 4,519 men suffered from war wounds, while a staggering 166,645 men were treated for illnesses and ailments ranging from beriberi to frostbite.[5] Put another way, the Sino-Japanese War left comparatively few physically disabled veterans in its wake; thus, at the time the state had little impetus to devise assistance programs for servicemen with acquired physical disabilities.

The Meiji state hesitated to establish institutional assistance for disabled veterans in part because the military pension system provided benefits to injured servicemen to help offset the social and economic dislocations associated with war injuries. The Servicemen's Pension Law (Gunjin onkyū hō) of June 1890 extended financial aid to injured servicemen in three ways. First, officers, NCOs, and career servicemen being discharged from the military after eleven or more years of active-duty service received an increased pension—essentially a disability increase, although the law did not call it such—in addition to their regular pensions if they left because of permanent, duty-impeding medical conditions that fell within six grades of severity. In descending order, these conditions were full blindness or the loss of two or more limbs (grades 1 and 2), the loss of one limb or paralysis in two limbs (grades 3 and 4), and blindness in one eye or paralysis in one limb (grades 5 and 6).[6] Second, nonpensioned servicemen with injuries ranked in these six grades of severity were automatically granted regular pensions with a commensurate disability increase. For example, in 1890 an IJA soldier with a grade 1 medical condition received an annual pension increase of ¥32, while a soldier with a grade 5 condition took home an additional ¥14. (The average annual income of a carpenter was ¥80.6 in 1887.[7]) Third,

rank-and-file troops with injuries or illnesses classified below the six grades but that nonetheless required their being discharged from military service received a one-time relief fund payment on being dismissed.[8] Thus, during the late nineteenth century the Japanese state probably saw little need to create institutional support for disabled veterans because it was already providing injured servicemen with assistance in the form of increased pensions or one-time relief fund payments.

The significance of the Sino-Japanese War vis-à-vis later military support for disabled veterans lies in its confirmation of extra-governmental relief initiatives for military men in need, not the creation of state-funded institutions providing livelihood assistance to war-wounded men. Privately organized associations were coevally patriotic and charitable undertakings; by collecting and dispensing financial aid and foodstuffs to military families in need, the public satisfied its desires to support the war and to sustain communal solidarity. In his study of wartime assistance movements in Tokyo, Shiraishi Hiroyuki highlights some of the numerous military support associations formed in the capital once its young men began to be sent to the front. In Shiba Ward, for example, which now forms part of present-day Minato Ward, a temporary ward assembly convened in early August 1894 and decided to solicit donations from ward residents to distribute to the families of mobilized men. Four days later, the ward office acknowledged the creation of a Shiba Ward Military Contribution Association, which by August 1895 had amassed ¥6,190 in donations, out of which ¥4,625 had been distributed to needy families.[9] Similar philanthropy took place in the provinces. Arakawa Shōji details the wide range of patriotic benefaction that took place in Shizuoka Prefecture during and after the war.[10] No matter whether they were formed by individual initiatives or at the behest of local authorities, private relief associations quickly became a driving force behind military support.

The private-sector relief associations that remained in place at the start of the Second World War provided the key links between military support endeavors of the 1890s and the 1930s. Two nationally constituted civic relief organizations of note that sprang out of the Sino-Japanese War were the Teikoku Gunjin Kōenkai (Imperial Servicemen's Support Association) and the Aikoku Fujinkai (Patriotic Women's Association). These two groups benefited from the patronage of political and social elites and, thus, cannot be categorized as strictly grassroots organizations because lofty supporters filled their rosters; nevertheless, in their early decades neither association professed formal ties to the Japanese state. The Teikoku Gunjin Kōenkai came into being when Viscount Kawakami Sōroku, IJA chief-of-staff and a distinguished military strategist during the Sino-Japanese War, persuaded two members of the Lower House of the Imperial Diet to redirect contributions that they had amassed for erecting a war memorial and instead use the monies to "protect and console the bereaved families of active-duty servicemen."

This suggestion led the two representatives to convene a charitable relief council in January 1896 that renamed itself the Teikoku Gunjin Kōenkai in January 1906. The group's stated purpose was to relieve (*kyūgo suru*) bereaved families of killed-in-action and wounded-treated-died servicemen, as well as "impoverished persons in the bereaved families of servicemen killed during peacetime military service." In its eyes, providing livelihood aid to wounded veterans with chronic ailments aligned with lessening the financial burdens caused by military service and war bereavement. By the start of 1937, the dues-paying, all-male ranks of the Teikoku Gunjin Kōenkai had grown from a handful of patricians to roughly 278,000 members.[11]

The Aikoku Fujinkai, for its part, enabled upper- and middle-class women to promote national interests by becoming actively involved in military-support efforts and local patriotic initiatives. Founded in February 1901 by Okumura Ioko, a social activist and politically savvy daughter of a Buddhist priest, the Aikoku Fujinkai featured noble ladies as its officers, with Iwakura Hisako, wife of Duke Iwakura Tomosada (a member of the Privy Council), serving as its first president; female members of the imperial household held honorary memberships. According to its articles of incorporation, the association's cause was to relieve wounded soldiers and the bereaved families of the military war dead of Japan. On the eve of the Second World War, the Aikoku Fujinkai boasted over 2.5 million members throughout Japan in regional subbranches that remained under central control; until its dissolution, the ties of the association to the Imperial Court and political elites reinforced its conservative leanings, which gave it an aura that alternately attracted or repulsed potential members.[12] Whether done locally or nationwide, the late Meiji-era practice of using private-sector associations as the acceptable vectors for distributing livelihood assistance to servicemen and their families inculcated behaviors and beliefs that characterized military support in Japan until the empire collapsed in 1945.

The Establishment of Institutional Support

The Russo-Japanese War inaugurated a transformation in military-support endeavors by producing unprecedented military casualties for Japan. Historians have paid relatively slight attention to the experiences of military casualties of the war, despite Irokawa Daikichi's assertion that "no discussion of the Russo-Japanese War can proceed in ignorance of the pain and grief that accompanied this national experience."[13] Nearly 950,000 IJA troops were mobilized for the war with Russia.[14] An exhaustive study of the medical consequences of the war appeared in 1924 when the Army Ministry released its multivolume *Army Medical History of the 1904–1905 War*, which included a massive ten-part volume on war wounds. In that tome, the IJA stated that

198,961 Japanese servicemen had sustained battlefield injuries, a tally that included 45,377 killed-in-action fatalities and 14,432 wounded-treated-died fatalities.[15] Nonfatal casualties amounted to 139,152 wounded servicemen. Among those survivors, 74,401 suffered gunfire or artillery injuries to their arms or legs, out of which 11,266 men were deemed lost-to-command and dismissed from military duty after undergoing medical treatment.[16] The Army Ministry report stated that IJA physicians surgically amputated 1,719 limbs and 801 fingers at either warfront or home-front hospitals (to say nothing of the limbs severed by shells and other traumatic amputations sustained during combat, which probably proved fatal).[17]

Contemporaneous Japanese reactions to the war varied. In scholarship that demonstrates the "complex social reality, displaying pluralism and diversity" found in Japan, Naoko Shimazu illustrates how pro-war and anti-war sentiments alike animated the Japanese home front following the mass conscription of so many men.[18] As in other societies, grappling with the hardships created by kith and kin being sent to battle presented a cause that at times brought war supporters and war protestors together, if not on equal footing, then from the shared position of wanting to alleviate human suffering. Shimazu argues that war weariness rather than war fever best describes the mood in Japan during the Russo-Japanese War. Without question, the war had its rallying moments and honorable mentions; war reportage helped to swell Japan's ranks of everyman heroes, most of whom were either killed or scarred in battle. Thanks to conscription, nation-minded educational curricula, and a booming mass media that churned out rousing depictions of combat, war wounds became badges of honor for many young men being repeatedly encouraged to revere both emperor and empire (see figure 1.2). But the war began at a time when rural Japan was experiencing social unease brought about by demographic and financial shifts. Existing anxieties over wages, food, and housing rose even more quickly when conscription rapidly drew men away from farms and factories. The war brought an era of adversity for conscripts and their families, a situation that was exacerbated each time the government imposed higher taxes on everyday goods to help pay for the huge amounts of cash borrowed from overseas to fund the war. The conflict promptly became a "well-watched war"[19] as imperial subjects from all levels of society became engrossed in consuming news from the front and imagining the effects that battle might bring to their families and their nation.

The war and its high casualty rate rattled Japanese society but did not dislodge the reliance on private-sector assistance to help needy servicemen and their families. Akin to the Sino-Japanese War, destitute military casualties and poverty-stricken dependents of conscripts became the beneficiaries of financial assistance provided by civic-minded individuals and groups. As before, relief groups proliferated on the home front. In 1906, the Governor's Office of Kanagawa Prefecture issued a report that listed the activities

Fig 1.2. Untitled illustration depicting two wounded soldiers of the Russo-Japanese War, 1904. On the left, a hunched Russian soldier weeps "Wounds on the back . . . ow ow owww!" On the right, a ruddy Japanese soldier with wounds on his head and chest touches his nose—a gesture akin to pointing to oneself—and boasts "Wounds to the front . . . what an honor!" *Source: Nichi-Ro Sensō jiji gahō* (15 July 1904), n.p.

of 311 unincorporated military relief groups that had been established at the local level within the prefecture during wartime.[20] Local military associations (*shōbukai*) whipped up popular support for the war and distributed livelihood assistance. For example, village military associations made up of war enthusiasts and civic-minded individuals often solicited donations from townsfolk to give to nearby military families in need. National organizations got involved, too. On March 30, 1904, the Aikoku Fujinkai circulated a mission statement to the effect that its then-70,000 members provided relief to disabled veterans and bereaved military families as women who embraced "the duty of service and charity." By June 1905, the association had distributed ¥45,000 in relief funds to 15,000 individuals and become a conspicuous presence at troop departure ceremonies, military hospitals, and servicemen's funerals nationwide.[21] Foreign sources of charitable aid also appeared, notably from Westerners disposed to root for Japan during its fight with Russia. To give but one example, on March 31, 1904, a commemorative ceremony held in Tokyo marked the fifty-year anniversary of the signing of the Convention of Kanagawa that inaugurated formal relations between the United States and Japan. There, a group of genteel

Americans living in Japan announced the Perry Memorial Relief Fund "for the aid of the destitute families of Japanese soldiers and sailors," an undertaking named after Commodore Matthew C. Perry, the U.S. signee of the treaty. By day's end, the fund had secured nearly ¥64,000 from the foreign guests and imperial peers, Diet members, and political personalities in attendance.[22]

But, unlike previous wars, the Russo-Japanese War quickly proved to be too large for privately given assistance alone to meet the needs of the hundreds of thousands of conscripts and their dependents, so the state resorted to an unprecedented measure that foreshadowed the creation of dedicated military support programs for disabled veterans. On April 4, 1904, the Imperial Cabinet promulgated the NCO and Soldiers' Families Assistance Order (Kashi heisotsu kazoku kyūjo rei), which went into effect the following month and extended short-term financial assistance to qualified applicants. The order was a joint endeavor of the Army, Navy, Home, and Finance ministries and had been prompted by their concern over the "unprecedented occurrences of the current war."[23] Articles I and II limited applicants to the families of active-duty conscripts and of first and second reservists, and Article III clarified that only "persons who cannot make a living because of the conscription of an NCO or soldier" were eligible for relief.[24] Funding came from the war budget, with the actual assistance appearing as occupational aid funds, allowances in kind, free medical treatment, and cash allowances.[25] The Home Ministry determined the amount and methods for distributing assistance as stipulated in Article II, but the actual doling out of assistance was left up to the authorities that oversaw the locality where a family was officially registered. Local authorities investigated each applicant, noting variables such as household income, expenditures, the amount of any financial aid bestowed by private organizations, how many people in the household ought to be working (including the applicant), and how many were not working.[26] Assistance was provided only as long as a conscript was in active-duty status, and as such, this was a temporary order that limited the duration and amount of assistance given to military families in need. Notably, the order did not provide long-term assistance to conscripted men who left military service with physical impairments or acquired disabilities. Article IV stated, "When NCOs and soldiers die or it is unclear whether they are alive or dead, and when wounded and ill soldiers are released from military duty because of their illnesses, then the assistance provided by this order is limited to a duration of three months."[27] Financial duress, rather than battlefield injury or death, made conscripts and their dependents eligible for ongoing aid. Nevertheless, the order marked a sea change that ushered in modifications in how the state regarded its disabled veterans.

With the implementation of the NCO and Soldiers' Families Assistance Order, the Meiji state acknowledged the financial hardships brought on by military service. When the state began extending livelihood assistance

to conscripted soldiers, it opened the way for offering new forms of assistance to men with crippling (*haishitsu fugu*) conditions. As more and more rank-and-file servicemen returned home from war with debilitating or disabling injuries, prominent military and political figures began to reconsider their financial distress. The plight of crippled soldiers spurred Yamagata Aritomo, ex-prime minister and IJA chief-of-staff, to submit an "An Opinion on the Establishment of a Crippled Soldiers Institute" ("Haiheiin setsuritsu ni kansuru iken") to Army Minister Terauchi Masatake on June 12, 1905 (the day that Russia accepted U.S. President Theodore Roosevelt's offer to mediate peace negotiations with Japan). Yamagata argued that "caring for loyal citizens [*chūsei no kokumin*] who have exerted strenuous efforts and sacrificed themselves for the nation is at its root a proper responsibility of the state."[28] Also, the proposed home for wounded soldiers would embody the "kind treatment and benevolence" that the state had for such men. On December 29, 1905, Terauchi and Navy Minister Yamamoto Gonnohyōe submitted to the Imperial Cabinet a proposal for such a facility.

The Crippled Soldiers Institute Bill (Haiheiin hōan) appeared before the Lower House on March 6, 1906, where Terauchi introduced it by stating that "the government submits this bill believing that it is necessary for the state to accommodate and relieve persons without household support who are Army and Navy servicemen with combat-related injuries or illnesses as well as persons rendered crippled during official [military] duty."[29] During committee review, Tomatsu Magotarō, director of the Army Ministry's Accounting Bureau (Keirikyoku), responded to Diet members' queries about the necessity of such an undertaking by stating that, even though the military pension system extended financial aid to disabled veterans, it did not give them the support that could be found in an institutional setting managed by the state. Terauchi and his subordinates asserted that the Southwest War, or Satsuma Uprising of 1877, and the Sino-Japanese War had yielded comparatively few disabled veterans, thus pension-related assistance had met their needs; however, the war with Russia had produced 13,500 disabled veterans with 3,000 seriously injured active-duty servicemen still undergoing treatment in military hospitals.[30] Convinced, the Lower House approved the bill without a single dissenting vote and forwarded it to the Upper House, where it also passed muster, paving the way for the April 7 enactment of the Crippled Soldiers Institute Law (Haiheiin hō).[31]

The Haiheiin became Japan's first national facility for disabled veterans, but its residential population remained small because its target audience largely shunned living there. Established at the Army Reserve Hospital (i.e., the Japan Red Cross Hospital) in Tokyo's Shibuya Ward, the Haiheiin commenced operations under Army Ministry management in September 1906 with a projected occupancy of two hundred residents. The government proposed opening two similar facilities in Osaka and Fukuoka that could house one hundred and fifty men, respectively, but these were never

built. In June 1908, the Haiheiin moved to a large estate in Tokyo's Sugamo district. According to Article I of the Crippled Soldiers Institute Law, the Haiheiin was for "persons needing [financial] relief who acquired wounds and illnesses because of combat duty and are receiving increased pensions [i.e., disability increases] through the Servicemen's Pension Law." Article II expanded the coverage to military men injured during official, non-combat duty who also received increased pensions. The pool of potential residents was restricted to veterans with injuries ranked grade 4 or higher under the Servicemen's Pension Law, hence to those with partial or total blindness or loss or paralysis of one or more limbs. Admission was not automatic; men had to submit applications that detailed their injuries and financial affairs and justified their need for accommodation. Residency at the Haiheiin could last until the end of one's days but had its downside. The occupants forfeited their military pensions, which the national treasury paid to the Haiheiin to cover the costs of their residency.[32] In return, each month residents received one-fifth of their monthly pension allotments for personal use.[33] In effect, Haiheiin residents became wards of the state.

By law, the Haiheiin housed only disabled veterans; dependents were not allowed to live there and be supported by state-managed monies. Disabled veterans with external means of financial support could not live at the Haiheiin, and surrendering their pensions meant that residents could not set aside money for any dependents unable to generate an income, such as young children or an ill spouse or elderly parents. Because of such requirements, disabled veterans regarded relocating to the Haiheiin as a move of last resort. During its first ten years, the Haiheiin housed 169 men in toto, never operating at its projected capacity of 200 residents.[34] Little wonder, then, why the number of residents remained low. If a veteran from outside Tokyo wanted to live at the Haiheiin, he had to relocate to the capital, relinquish his military pension, and figure out how to support his dependents. In addition, he had to adopt a military-inflected lifestyle and acquiesce to living under state supervision (this latter condition, in particular, constituted an unorthodox, uneasy arrangement in a society as-yet unaccustomed to state-funded accommodated protection).

Despite its shortcomings, the Haiheiin put a public face on state efforts to provide relief to disabled veterans and their families following the Russo-Japanese War. After relocating to Sugamo, the institute became a place of interest for elite individuals who wanted to get a peek at the largess of the state (or maybe just see the famed cranes and vibrant autumn foliage found on the grounds of the Haiheiin). Prince Kan'in Kotohito, the adopted brother of Emperor Meiji and a veteran officer of the wars with China and Russia, visited in November 1909 and a host of nobles followed suit.[35] Everyday people also visited the facility, particularly on days fraught with military meaning. On January 23, 1913, a Teikoku Gunjin Kōenkai member joined twenty other visitors to tour the Haiheiin on the eleventh anniversary of the

Hakkōda Death March, an IJA training exercise in Aomori Prefecture that had turned tragic when 199 out of 210 officers and men died while crossing the Hakkōda Mountains during a blizzard. Corporal Ohara Chūzaburō, a Haiheiin resident, had survived, but the cold had claimed both of his legs and both of his hands. Tottering on artificial legs, Ohara moved Haiheiin visitors to tears by describing his icy ordeal and the ongoing hardships faced by his wife and three children.[36] Without a doubt, the most appreciated Haiheiin visitor was Nogi Maresuke, the IJA general who during the Russo-Japanese War led the ground forces that captured the stronghold of Port Arthur during a grueling five-month siege that killed 14,000 and wounded 44,000 Japanese servicemen (see figure 1.3). Nogi committed suicide in September 1912 after the death of Emperor Meiji, but before then, he reportedly visited the Haiheiin once or twice every month. The general made a point of walking through the dormitories to speak with residents, a practice that "the staff of the institute recalls with tears in their eyes" stated one of the many biographies published during the wave of fascination with Nogi that swept through Japan after his death.[37] According to such laurel-draped epistles, whenever Nogi visited Haiheiin residents he gave them fruits and vegetables grown on his country estate or produce and other gifts sent to him from the families of men who had served under his command.[38] Ten years after Nogi's death, Haiheiin residents still kept shrines to him and Emperor Meiji in the Buddhist altars located in their private quarters.[39]

The Haiheiin bettered the lives of its occupants but did nothing for nonresident crippled soldiers, many of whom relied on dwindling private-sector assistance to augment their modest pensions. The residual strains of the

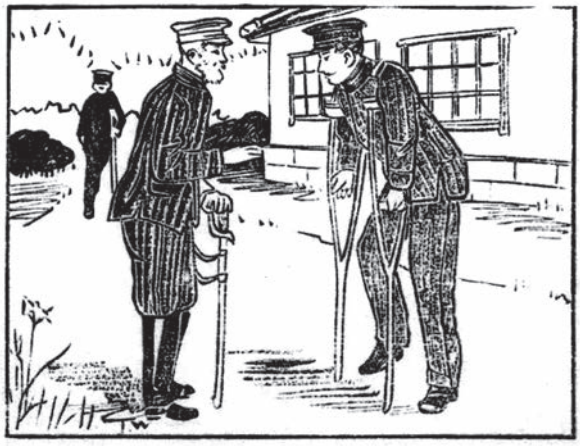

Fig 1.3. Untitled illustration depicting General Nogi Maresuke speaking with a "crippled soldier" during one of Nogi's visits to the Haiheiin, 1913. *Source:* Nishikawa, *<Shōnen kunwa> Nogi taishō*, 38.

Russo-Japanese War and postwar anxieties reduced the amount of private assistance extended to military families and war casualties. There are four driving explanations for this decline. First, wartime taxes remained in place for years, despite their planned expiration set for late 1906; Stewart Lone characterizes war debt as a "fire blanket" that stifled spending in local communities.[40] People from all levels of society were left smarting by the tax increases, which translated into less monies being set aside for charitable donations. Second, such giving diminished further when most grassroots organizations that distributed aid to needy servicemen dissolved after the war ended. Even long-lived organizations such as the Teikoku Gunjin Kōenkai and the Aikoku Fujinkai distributed less assistance when the appeal of contributing to their fund-raising efforts waned. The Teikoku Gunjin Kōenkai, for example, spent ¥35,725 in relief funds during 1905 and ¥32,854 during 1906, but its spending dropped to ¥7,440 in 1910 even though its membership had risen from 72,750 to 106,061 people between 1905 and 1910.[41] Third, the steady migration of people from rural areas to cities left new urban residents (including young active-duty conscripts and their families) with weakened ties to their residential communities, which eroded the practice of extending assistance to neighbors. Last, relentless military obligations quickened a waning of local-level support for the military despite Army Ministry efforts to improve military-civilian relations. Conscription rates rose rather than fell after the war because of the wartime expansion of the IJA force structure from thirteen to seventeen active divisions (the IJA also upped the size of its reserve divisions by raising age limits and extending the period of reserve status). In 1910, the IJA again increased the number of active and reserve divisions via a national defense policy that theorized that Russia might seek revenge for its recent loss.[42] Military commitments thus grew during the postwar decade, and with them grew the number of military families under financial duress while disabled veterans and other servicemen found it increasingly difficult to obtain livelihood assistance from private sources.

Public sympathy for disabled veterans cooled during the postwar decade. As early as 1907, cartoons by Kosugi Misei and other illustrators depicted disabled veterans as forgotten and forlorn men (see figure 1.4). It is no surprise that some disabled ex-servicemen resorted to begging for money, which deepened the impression that all war-wounded men were indolent fellows. Newspapers such as the *Heimin shinbun* began to run stories about groups of disabled veterans with names such as the Japan Crippled Soldiers Manufacturing Association that had begun selling toiletries and cheap medicines to raise money. The sight of physically disabled men in white hospital gowns selling novelties and cigarettes on street corners became more frequent after 1909; that year, the government adopted a preferential attitude toward issuing licenses to disabled veterans that authorized them to sell tobacco, a government-regulated industry.[43] Not all such men were actually disabled veterans. Linked to the emergence of authentic military mendicants was the

fake crippled soldier (*nise-haihei*), namely, grifters masquerading as disabled veterans who played on public sympathies to swindle money from passersby. Itō Hanni, the smooth-talking owner of the *Kokumin shinbun* newspaper, described how easy it was to impersonate a disabled veteran. In his 1917 semi-autobiographical novel *Ten Years of Self-Education*, which he wrote under the pen name Matsuo Masanao, Itō confided that for a time he had sold knock-off Jintan (a popular medicinal candy) while dressed as a disabled veteran. Even though he was too young to have actually fought during the Russo-Japanese War, Itō pulled off his deception by donning an old military uniform, gaiters, cheap footwear, and a cap emblazoned with the vague name Imperial Charitable Association.[44] Using such trappings, Itō and others took advantage of not only the movement of disabled veterans into the streets to solicit livelihood assistance but also the guilt and sympathy of a public that had stopped paying much attention to such men.

Fig 1.4. *Crippled Soldier*, an illustration by Kosugi Hōan (Misei), a political cartoonist who worked as a frontline artist during the Russo-Japanese War, 1907. Here, Kosugi depicts a disabled veteran as he watches an officer roll past him in a carriage. The falling leaves, thin kimono, spindly crutch, and rumpled appearance of the disabled veteran's hat suggest that he has passed the prime of his military glory, which is further evinced by the seemingly unconcerned passing of the officer into the distance. *Source:* Kosugi, *Manga ichinen*, 222.

Enacting Military Relief Legislation

Japanese military mobilization during the early weeks of the First World War sparked the enactment of legislation that established state-funded military relief (*gunji kyūgo*) for disabled veterans. Japan joined the war on the side of the Entente Powers and in October 1914 sent imperial troops to seize the German-held port city of Qingdao located in China's Shandong Peninsula. Roughly 25,000 IJA servicemen participated in the Siege of Qingdao, which resulted in approximately 550 killed-in-action fatalities, 1,500 wounded-treated-died fatalities, and 1,500 wounded soldiers.[45] Although this was a comparatively modest military engagement, it did strain servicemen's finances, which alarmed industrialist Mutō Sanji, the president of Kanegafuchi Spinning Company (later Kanebo, Ltd.) and a future member of the Lower House of the Diet. In December 1914, Mutō sent to the Lower House a multipart missive about the financial plight of military casualties and their families that contained two draft laws for its consideration. Mutō urged the government to adopt a system for providing livelihood relief to crippled soldiers, bereaved military families, and the families of servicemen. According to a biography of Mutō published in 1935, he was driven to support military relief because of the paltry pension that his family received after the death of his younger brother during the Russo-Japanese War.[46] But, according to Mutō's two autobiographies (both published in 1934), a newspaper article about the financial plight facing the family of a reservist sent to participate in anti-German action in Qingdao prompted him to act on the behalf of conscripted servicemen.[47] Regardless of the impetus behind his actions, Mutō contended that the measures found in the draft laws would enable the Diet to implement the "right to request relief from the state" held by military families, bereaved families, and crippled soldiers.[48]

Mutō's military relief proposals called for a conscription tax that would require men who had been exempted from military service to pay a tax to the state after gaining exemption. The monies raised from that tax would be pooled to become a state-managed fund for providing relief to households whose finances had been negatively affected because of a family member's military duties, death in battle, or service-related injury or illness. The writings of Masuda Norimoto, a former IJA officer, clarify how the conscription tax movement of the day related to the call for state-funded military relief. As Ichinose Toshiya notes, Masuda argued in 1913 that the "cooling down of sympathy among the general public" following the Russo-Japanese War necessitated a government program for extending livelihood assistance to wounded and ill veterans. The reduction in private assistance led Masuda, Mutō, and others to call for a national conscription tax that would enable the state to alleviate the financial burdens borne by not only conscripts and their families (i.e., the primary beneficiaries of the NCO and Soldiers' Families Assistance Order of 1904) but also military casualties and their dependents.

Mutō explained how to administer the relief funds generated by the proposed tax in a draft law that created local military relief commissioners (*gunji kyūgo iin*), who would oversee the distribution of relief to disabled veterans, bereaved military families, and needy families of deployed servicemen.[49] Mutō drafted his military relief law with the assistance of Minobe Tatsukichi, the legal scholar who in 1912 had published his controversial "emperor organ theory" that posited that the people must participate in politics so as to preserve their fundamental rights.[50]

Mutō's proposals established the parameters for the subsequent debates that preceded the enactment of military relief legislation. On May 28, 1915, Hayashi Kiroku, a Lower House member of the Seiyūkai political party, asked the Diet to examine the possibility of enacting state-funded relief as proposed by Mutō. The Lower House assigned the investigation to a joint committee that was also given the task of reviewing proposed changes to the Servicemen's Pension Law. During committee meetings, Hayashi and other supporters defended the proposed bills during questioning by government representatives that included Army Vice Minister Ōshima Ken'ichi and various beancounters from the Finance Ministry and the military ministries. For Ōshima, the issue of how to fund military relief remained a sticking point, particularly at a time when Army Ministry voices were calling for two additional troop divisions and the revision of the military pension system. In early June, however, he conceded that "On principle I have no objections [to military relief legislation] and being in full sympathy I want to [enact relief] if it can be done. If the Government also investigates and discovers an eminently appropriate method [for granting relief] then I think there is no reason to be tightfisted about such an undertaking."[51] Still, Ōshima opined that the "appropriate method" was for private-sector organizations to provide relief. Nonetheless, this partial endorsement by a government representative led the Lower House to recommend the drafting of bills along the lines of Mutō and Hayashi's proposals. In late December, Hayashi and Yajima Hachirō of the Rikken Dōshikai political party introduced two affiliated bills to the Lower House: a Conscription Tax Bill and a Crippled Soldiers, Bereaved Families of War Casualties, and Servicemen's Families Relief Bill.

The ensuing Lower House discussion of military relief was driven by three positions, two of which supported the bills. First and foremost, advocates demanded state-funded relief for disabled veterans. When the bills were introduced to the lower-house floor, Hayashi launched into an impassioned call for state and society to rally in support of wounded servicemen or, in his words, "those pitiable crippled soldiers thrown into difficulty by living through their own means." He noted that his country and countrymen habitually erected monuments to the military war dead and posthumously bestowed such men with medals in gratitude for their service to the nation. But crippled soldiers, he emphasized, were "living human monuments" of the war whose financial hardships displayed the "ingratitude of the state."

This call for relief of disabled veterans roused the Lower House, which at the end of Hayashi's declamation erupted into applause.[52] Second, supporters argued that the bills would heighten military morale and popular support for the military. Yajima contended that a conscription tax would strengthen the ethic of "everyone a soldier" (*kokumin kaihei*) that Japanese military and civilian leaders had used for decades to justify conscription and foster nation-mindedness among the people. Moreover, the tax would remove the "unfairness of an obligatory responsibility of the people," reduce the appeal of resorting to self-mutilation to evade conscription, and improve the public's treatment of soldiers and reservists. Providing relief to military families and the families of casualties, Yajima asserted, would "invigorate the morale of active-duty and reservist servicemen," who would now feel less anxiety over the dislocations that accompanied military service.[53]

The critical position, namely, that of the Army Ministry, focused on the conscription tax bill and coalesced after the Lower House sent the two bills to committee for review. Army Vice Minister Ōshima expressed three main reservations. First, the Army Ministry objected to the insinuation that military service had a monetary equivalent or "price" that could be calculated as a tax. In the eyes of the ministry, this raised the unsettling idea that military concepts like honor and the privilege of serving the nation also had (or came with) a price. Pride should be the reward for military service. Second, the alleged boost that a conscription tax would give military morale seemed tenuous. The third and most significant cavil was the rejection of the notion that a tax payment could substitute for military service. In Ōshima's view, such an exchange would undermine, not strengthen, the "everyone a soldier" philosophy because some individuals could pay a tax and avoid military service. Army Ministry concerns over using a conscription tax to fund military relief failed to undermine the enthusiasm for the two bills expressed by the Lower House, which passed both and sent them to the Upper House for review (legislative procedure required the Upper House to accept or decline proposals sent to it from the Lower House). The bills, however, arrived at the Upper House in late February 1916, too late to be considered prior to its scheduled recess, and the Upper House never examined the bills when it reconvened later that year. Thus, the Diet-driven military relief law died in-house.

In a surprising twist, the Home Ministry cleared the way for state-funded military relief when it sent a government-sponsored military relief bill—sans conscription tax—to the Imperial Diet in June 1917. The demise of the military relief bill crafted by the Lower House did not signal an end to state-funded relief; in September 1916, the Army Ministry (now under the leadership of Ōshima, who had been promoted to army minister) sent to the Home Ministry a proposal for a government-crafted military relief bill.[54] State-managed assistance became more palatable to the Army Ministry after it determined that the national budget could absorb military relief without

resorting to a conscription tax. But, more than any other factor, the desire to raise military morale drove the army to throw its weight behind the expansion of state-funded military relief.[55] The government thus began to craft its own military relief bill, but introducing it to the legislature took some time, partly because a no-confidence motion levied by members of the Kokumintō and Kenseitai political parties against Prime Minister Terauchi Masatake's nonparty Imperial Cabinet led to the dissolution of the Lower House in January 1917.[56]

The Home Ministry's patronage of a military relief bill signaled a departure from its earlier reluctance to expand the scope of state-funded relief for impoverished people. During the 1890s, a doctrinaire view of relief work found within the Home Ministry asserted that poor relief was and should remain an act of charity, even if it came from the state in the form of imperial benevolence (as in the financial aid provided by the Relief Regulations of 1874). Inoue Tomoichi, the bureaucrat who oversaw the Home Ministry's Prefecture Bureau (Kenjikyoku) from 1897 to 1912, exemplified this position and staunchly defended using mutual assistance to provide poor relief. In Inoue's view, military relief as embodied in the NCO and Soldiers' Families Assistance Order of 1904 constituted a "special kind of poor relief system" that originated from the idea of "obligatory assistance" (*gimu kyūjo*) found in other countries.[57] But, Inoue asserted that the 1904 order was not actually obligatory assistance because the relief it provided was limited in scope and duration (it applied only to active-duty servicemen) and was restricted by local authorities acting under national guidance. At the heart of Inoue's characterization was the discouraging of the extension of relief by the state, which might then be construed as a right. In the eyes of the Home Ministry, a problematic element of Mutō's 1914 military relief proposal and the Lower House's military relief bill of 1915 was that both equated the receiving of military relief as a right held by military families and casualties, namely, that the state had a responsibility to provide assistance to individuals whose livelihood was up-ended because of mandatory military service. This stance—influenced by Minobe's views on political rights—contrasted with the prevailing position found in the Home Ministry. Thus, military relief tied into a larger ongoing political discussion about the rights of imperial subjects in general and the right to relief in particular.

But new leadership in the Home Ministry discarded past obsessions, and in June 1917 the ministry presented to the Lower House a government-drafted military relief bill. Gotō Shinpei, the former director of the Home Ministry's Sanitary Bureau (Eiseikyoku) who later oversaw the Japanese civil administration of colonial Taiwan during 1898–1906, became home minister in October 1916 and introduced the government's military relief proposal to the Diet. Gotō's interest in the bill is not surprising. During the 1890s, Gotō had supported an amendment to the Relief Regulations that

would have provided state-managed assistance to the poor, but the Lower House, fearful of increased taxes and state-dependent masses, had rejected the proposed revisions.[58] In his pitch for military relief, Gotō characterized government-backed relief as not only a corrective for the insufficiencies of the NCO and Soldiers' Families Assistance Order and the Crippled Soldiers Institute Law but also a means for raising military morale and therefore strengthening national defense.[59] In effect, the Home Ministry's military relief bill embraced many features of the earlier Lower House–crafted bill but jettisoned elements that the government deemed unacceptable, such as using a conscription tax to pay for military relief. In the following weeks, the Home Ministry proposal flew through committee review, during which Gotō emphasized that military relief was a manifestation of state benevolence, not a right of the people.[60] The bill generated enthusiastic support in both houses of the Diet, which swiftly enacted the bill on July 20, 1917, as the Military Relief Law (Gunji kyūgo hō).

The Military Relief Law went into effect on January 1, 1918, and reaffirmed the practice of extending bureaucratically administered mercy (benevolence) from the emperor. The Military Relief Law solved the dilemma of how to extend state aid to military families by removing such individuals from the purview of the Relief Regulations and the NCO and Soldiers' Families Support Order of 1904. By the end of 1918, a total of 34,473 aid recipients had received ¥536,747 in relief (see table 2). The law made aid available to five groups during both wartime and peacetime: the families of active-duty NCOs and soldiers, the bereaved families of NCOs and soldiers, wounded and sick soldiers, the families of wounded and ill soldiers, and the bereaved families of wounded and ill soldiers (Article I).[61] Article II defined *wounded and sick soldiers* as "Army and Navy NCOs and soldiers [and sailors] exempted from duty because of wounds and diseases acquired through combat or official duties." In the process, the law singled out wounded and ill soldiers as being distinct from households and bereaved families, which were the topics of Articles III and IV, respectively. The new law directed state-funded relief toward "persons unable to make a living" (*seikatsu suru koto towazaru mono*) because of military duty or wounds, illnesses, or death stemming from military or public service (Article V). In terms of actual practice, the assistance provided by the Military Relief Law took the same forms as that made available by the 1904 order—occupational aid, medical care, allowances in kind, and cash allowances (Article VI)—but now with the specification that relief was tax-exempt (Article XVII). In August 1917, the Home Ministry created within its Local Affairs Bureau (Chihōkyoku) a new Relief Section (Kyūgoka) charged with overseeing relief affairs, including the distribution of military relief.[62]

Home Ministry officials hailed the enactment of the Military Relief Law as a "truly praiseworthy moment for the nation."[63] In early November 1917, the Home Ministry convened a three-day conference during which it summoned

Table 2 Military Relief Law: Relief recipients and amounts of relief, 1917–1936

Year	Number of recipients	Amount of relief (¥/year)
1917	7,912	42,126
1918	34,473	536,747
1919	30,712	613,875
1920	30,974	866,111
1921	32,794	1,004,461
1922	32,453	920,533
1923	29,118	915,064
1924	32,684	1,080,973
1925	33,374	1,016,692
1926	33,586	1,150,560
1927	36,080	1,275,477
1928	44,947	1,474,078
1929	44,143	1,498,014
1930	51,856	1,586,695
1931	71,643	1,731,614
1932	99,023	2,427,496
1933	98,905	2,702,935
1934	105,772	2,809,248
1935	111,533	2,897,665
1936	117,943	2,968,838

Sources: Chūō Shakai Jigyō Kyōkai, *Nihon shakai jigyō nenkan* (various years), reprinted in "Hyō IV-30: Gunji kyūgo hō ni yoru hikyūgosha zu, kyūgohi no suii" and "Hyō V-50: Gunji fujo hō ni yoru hifujosha zu, fujohi no suii," in Ikeda, 546, 743.

local officials from the prefectures and the colonies to be briefed on the law and its enforcement order; Deputy Minister Mizuno Rentarō delivered an address that stated that Japan's previous official measures for providing military relief were varied but inadequate, which led the government to "specially create a method of relief" for servicemen. The enacting of the law, he explained, was also tied to the important task of raising military morale.[64] Nevertheless, Mizuno cautioned, state-funded relief did not eliminate the need to encourage the "beautiful custom" of mutual assistance or the activities of private organizations such as the Teikoku Gunjin Kōenkai and the Aikoku Fujinkai (two groups specified by name). Echoing Home Ministry officials, the Teikoku Gunjin Kōenkai leadership extolled the positive developments that the law promised. In December, Lieutenant General Horiuchi Bunjirō, the vice chairman of the association, dwelt on the beneficial confluence of state and private relief while praising the law for enhancing the work

of his organization. Horiuchi's exaltation of the law in *Support* (*Kōen*), the monthly magazine of the association, sought to allay the concern that the law made the existence of the association moot. To the contrary, he held, the coexistence of both state and private relief would help to bring about the type of national mobilization that the First World War in Europe had demonstrated would be an integral feature of future wars.[65]

Evolving Views of War Disability

Evolving official views of war injury and poor relief during the twenty years between the July 1917 enactment of the Military Relief Law and the July 1937 start of Japan's Second World War enabled the wartime expansion of military support for military casualties and oiled the gears of total war mobilization in Japan. Changes in how the Japanese state viewed the problems and needs of wounded servicemen appeared in three governmental responses to contending with war injuries. First, a restructured military pension system presented a categorical rethinking of war-wounded men as individuals deserving of preferential bestowments from the state. Second, a top-to-bottom remaking of the Haiheiin primed the state to think of disabled veterans as individuals requiring vocational rehabilitation, not just financial assistance. During this transformation, Japan's crippled soldiers became disabled veterans, a reconceptualization that made possible the rapid increase in military support services that took place soon after the number of Japanese military casualties skyrocketed in late 1937. Third, the Military Relief Law underwent revisions that distinguished servicemen in need from the wider community of poor individuals. These changes were driven by the economic, military, and social concerns of the day, and over time military support became an essential component of the total war mobilization that excited and entrapped Japanese society during the late 1930s and early 1940s. In the remainder of this chapter, I examine state-funded military support in light of three developments that took place between 1917 and 1937: the debut of a new Pension Law, the restructuring of the Haiheiin, and the overhaul of the Military Relief Law. Focusing on the evolving official views of war disabilities and their consequences not only draws together processes that began during the late Meiji Period but also leads directly into the world of wounded Japanese servicemen of the Second World War.

The first indication of the state's changing views of war injury took place in April 1923 when the Japanese government rendered all forty-six of its existing public pension laws null and void, including the Servicemen's Pension Law, and enacted a comprehensive Pension Law (Onkyū hō) for all employees of the state. The Pension Law significantly expanded the sorts and amounts of pensions and related benefits available to servicemen. For example, under the Servicemen's Pension Law in 1922 an IJA private, first

class, received an annual pension worth ¥120 after eleven years of military service. (The average annual living expenses for a working-class family totaled ¥450 by the start of 1918.[66]) Under the new Pension Law, starting in 1923 the same private received an annual pension of ¥165 (see table 3). The law also raised the amounts of pension benefits for servicemen who retired or left the service because of crippling conditions. The new pension law differentiated between type 1 and type 2 pension increases or disability increases (again, a term that did not appear in the law but is used here for clarity). Military men serving in "combat and equivalent duties" received type 1 disability increases, whereas servicemen in "regular official duty" status received type 2 disability increases that equaled up to 80% of the corresponding type 1 amount. Civilian government employees involved in "regular official duties," such as bureaucrats, teachers, and policemen, also received type 2 disability increases.[67]

The amount of a disability increase varied according to the type and degree of injury and the rank of the recipient. The law used seven grades

Table 3 Minimum regular annual pension payments to army pensioners (¥/year)

Rank at retirement or service discharge (after 11 years of active-duty service)		**Regular annual pensions**	
		Pre-October 1923	**Post-October 1923**
General		1,800	2,500
Lt. general		1,728	2,167
Major-general		1,638	1,867
Colonel		1,323	1,534
Lt. colonel		1,102	1,317
Major-colonel		848	1,084
Captain		591	784
Lieutenant		459	567
2nd lieutenant		368	467
Warrant officers		306	400
NCOs and soldiers	Sergeant-major	216	285
	Sergeant	192	255
	Corporal	186	225
	Private, superior class	132	180
	Private, first class	120	165
	Private, second class	108	150

Source: "Fuhyō dai-1: Futsū onkyū kaisei shinkyū taishō hyō," in Kaikōsha Hensanbu, n.p.
Note: Pre-October 1923 pensions provided via Servicemen's Pension Law; post-October 1923 pensions provided via Pension Law. Annual pensions were paid in monthly installments. NCOs, noncommissioned officers.

of crippling conditions to determine disability increases, which, akin to the Servicemen's Pension Law, were ranked in descending order from highest to lowest severity. The medical conditions found in each grade of the Pension Law were more specialized than those found in the Servicemen's Pension Law. An exceptional grade category newly appeared at the top of the list for bedridden individuals as well as individuals with a grade 1 medical issue compounded by an ailment from a lower grade. Grade 1 now contained six crippling conditions; together, the six lower grades differentiated among twenty-nine physical and sensory impairments.[68] The new Pension Law also gave one-time injury and illness grants to servicemen and civilian employees ineligible for pensions who had injuries and illnesses ranked below the level of crippling conditions.[69] In October 1933, a revised Pension Law began to provide modest injury and illness annuities to qualifying servicemen. These annuities went to pensioners as well as nonpensioners whose ailments did not meet the requirements set by the seven-grade scale of crippling conditions used to calculate the type 1 and type 2 disability increases. A new four-tier list that contained fourteen chronic impairments ranging from hearing and vision difficulties to inoperable or missing fingers determined the amount of an illness and injury annuity.[70]

The Pension Law placed a premium on battlefield injuries, which drew a higher annual pension than regular official duty injuries. For example, let us compare two imaginary IJA privates, first class, named Ichirō and Jirō, both of whom left military service after eleven years because of similar disabling injuries. The Pension Law guaranteed each man a baseline pension of ¥165 per year. Both soldiers lost their right arms while in active-duty status—a grade 3 injury—and thus both qualified for a disability increase (see table 4). Ichirō's arm was traumatically amputated by a shell blast during battle, which qualified him for a type 1 (combat duty) annual disability increase of ¥600. Jirō, however, had his arm severed when he was run over by a truck at a military base on the home front, which meant he received a type 2 (regular official duty) disability increase of ¥480. The two men served at the same rank for the same amount of time and each had the same sort of injury, but Ichirō's combat injury left him with an annual pension of ¥765 (¥165 baseline + ¥600 disability increase), while Jirō's active-duty-but-not-battle-related injury gave him an annual pension of ¥645 (¥165 baseline + ¥480 disability increase).[71] Interviews conducted with IJA veterans of the later war with China (soldiers active during the early 1940s) indicate that deployed soldiers mused over whether a self-inflicted, minor wound would result in their being sent home from the front and out of harm's way.[72] It is likely that at least some servicemen concluded that a self-inflicted wound on the battlefield would result in higher pension payments and might have taken drastic steps to secure a type 1 annual disability increase.

The new pension system's recalculation of disability increases and its detailed, discrete classifications of disabling and nondisabling war wounds

Table 4 Amounts of annual pension increases (disability increases) paid to wounded and sick servicemen, October 1923 (¥/year)

	Grade of injury or illness					
Rank	**Grade 1**	**Grade 2**	**Grade 3**	**Grade 4**	**Grade 5**	**Grade 6**
Type 1 pension increase (combat and equivalent duties)						
General officers	2,400	2,000	1,600	1,280	1,000	800
Commissioned officers	1,800	1,500	1,200	960	750	600
Field officers	1,200	1,000	800	640	500	400
Warrant officers	1,080	900	720	576	450	360
NCOs	990	825	660	528	413	330
Soldiers and sailors	900	750	600	480	375	300
Type 2 pension increase (regular official duty)						
General officers	1,920	1,600	1,280	1,024	800	640
Commissioned officers	1,440	1,200	960	768	600	480
Field officers	960	800	640	512	400	320
Warrant officers	864	720	576	461	360	288
NCOs	792	660	528	423	330	264
Soldiers and sailors	720	600	480	384	300	240

Source: "Dai-2-go hyō" in "Onkyū hō" (14 April 1923), 415.
Note: Pension increases for "exceptional grade" injuries and illnesses equaled a grade 1 increase plus no more than 50% of the amount paid for a grade 1 increase. Disability increases were added to annual pensions, both of which were paid in monthly installments.

marked a reconceptualization of war-related injuries on the part of the Japanese state. From 1923 onward, the state began to distinguish war wounds as being more financially meritorious than injuries acquired during the course of regular public service, a condition demonstrated by the fact that wounded servicemen and disabled veterans now received higher pensions and associated benefits than civilian and military government employees who acquired the same sorts of injuries away from battle. Men with war wounds, disabling or not, became held in higher regard by the state and thus warranted greater financial award because they had been injured while fighting for emperor and empire. To determine the amount of an appropriate bestowment, the state put in place a finely calibrated, expanded set of qualifying medical conditions to be used when calculating disability increases and other payments (in contrast to the comparatively rudimentary medical conditions found in the now-defunct Servicemen's Pension Law). In effect, the state reevaluated

wounded and disabled servicemen as *deserving* servicemen, as demonstrated by the careful parsing of wounds and disabilities that appeared in the new Pension Law.

Second, changes made in the administration of the Haiheiin reflected the reimagining of war-related disability that began in the industrialized West during the First World War, a conflict that drove European and North American states to devise new plans and programs for the economic rehabilitation of millions of war-wounded men. Germany, for example, not only started to provide its disabled veterans with pensions to protect them from poverty but also used legislation and its Labor Ministry to increase the vocational abilities of war-wounded men and promote self-sufficiency. To be sure, such protections became hard to implement in the financially strapped Weimar Republic, but as Deborah Cohen points out, "the vast majority of German disabled veterans returned to work" during the 1920s.[73] Across the Atlantic, the U.S. government began to regard war-related disabilities as functional impairments, and so it created financial-compensation legislation—notably the War Risk Insurance Act of October 1917—designed in part to reimburse disabled servicemen for anticipated losses in their future earnings.[74] In the process, in the West the crippled soldiers of earlier wars became disabled veterans with redefined economic and social identities. Over time, war-wounded men slowly became disassociated from prevailing views of crippled, useless, or indolent bodies—images that were routinely pegged to people with disabilities. This transformation in mentality was uneven and progressed in fits and starts, but gradually Western views of disability began to change.

Steps taken in Europe and the United States to provide disabled veterans of the Great War with productive vocational skills caught the attention of Japanese observers of that conflict. Japan's military participation in the war had been slight compared to the carnage in Europe that left hundreds of thousands of men with life-changing injuries. Even so, the war remained in mind in Japan, if not in direct sight. In addition to wartime newspaper coverage, illustrated gazettes such as *Record of the War in Europe* (*Ōshū Sensō jikki*) kept the Japanese public informed about the developments and characteristics of the war. In those pages, photographs and sketches of military hospitals, wounded soldiers, and military relief work from all sides of the battle appeared next to articles with titles such as "Visiting Victims of Poison Gas at a French Army Hospital" and "Tales of the Evacuation of Ill and Injured Soldiers."[75] Meanwhile, professional social work journals and military relief group publications published numerous investigatory reports about European and U.S. disabled veterans. For example, in July 1916 the social work journal *Charity* (*Jizen*) published a Home Ministry–commissioned translation of a French report on relief work for war *invalides*. The article drew attention to the fact that the French state aimed to provide disabled veterans without household support with viable occupational skills that would

promote their financial independence.[76] Such investigations continued after the war ended. In June and August 1920, *Support*, the magazine of the Teikoku Gunjin Kōenkai, carried "Conditions of Servicemen's Support in the United States," a two-part rundown by Mutō Sanji, the industrialist who in 1915 had spurred the Lower House of the Imperial Diet to craft military relief legislation. Mutō detailed the workings of the War Risk Insurance Act and the scope of U.S. government efforts to create "jobs appropriate for crippled soldiers" by taking into consideration the medical conditions and preexisting vocational abilities of disabled veterans.[77] As Mutō pointed out to his readers, vocational training programs found at specialized institutions helped U.S. disabled veterans attain or regain financial self-sufficiency.

During the 1920s, the idea of strengthening the productive capabilities of disabled veterans began to reorient state-funded military relief in Japan. As of May 1923, eighty disabled veterans hailing from twenty-seven prefectures lived at the Haiheiin—a number well below the planned occupancy of two hundred men.[78] The previous month, the Haiheiin was transferred from Army Ministry to Home Ministry jurisdiction. Once there, Home Ministry bureaucrats situated the Haiheiin within the ministry's Social Affairs Bureau that began operations the previous November and oversaw the allocation of relief funds to military casualties and their kin via the Military Relief Law. As a result, military relief became centralized and redefined under Home Ministry guidance. A status report on Haiheiin affairs that appeared in the April 1923 issue of *Social Work* (*Shakai jigyō*), one of Japan's most prominent professional journals covering social welfare matters, noted that the move marked a step in the right direction, toward revising the conventional understanding of crippled soldiers. The article quoted a Social Affairs Bureau pronouncement that enabling Haiheiin residents to develop practical skills that would turn them into producers (*seisansha*) was an undertaking of the utmost importance.[79]

Nascent views of the productive abilities of disabled veterans, a development linked to the restructuring of the Haiheiin, thus emerged prior to the start of Japan's military invasion of Manchuria and north China in September 1931. Positivistic ties between the Manchurian Incident and changes made in Haiheiin policies during the mid-1930s are difficult to discern, but it was not the case that a surge in disabled veterans catalyzed the restructuring of the Haiheiin. By March 31, 1934, IJA casualties totaled over 2,863 battle fatalities and approximately 10,200 wounded men, out of which 1,064 men had been exempted from military service because of wounds.[80] Those numbers were unfortunate but not alarming—at least not to the point that the state saw a pressing need to remake the Haiheiin. Rather, the impetus for looming reforms at the Haiheiin can be traced back to government discussions held during 1930. In November 1929, the Army, Home, and Navy ministries assembled a Council on the Treatment of Draftees and Crippled Soldiers, which was charged with examining issues facing potential military

relief recipients. This forty-member commission fell under the control of the Army Ministry's Military Service Bureau (Gunmukyoku), met during the following year, and in December 1930 submitted a final report containing an assessment that influenced later reforms. In brief, the council report determined that Japan ought to adopt practices along the lines of those found in Europe and the United States that sought the vocational rehabilitation of disabled veterans.

The Haiheiin, the report noted, did not provide meaningful vocational training because its rules and regulations effectively rendered it an asylum for "persons lacking [the] residual abilities" needed for effective rehabilitation. Moreover, the residential requirements of the Haiheiin limited the scope of its effectiveness because the facility was designed for pensioned servicemen with impairments of high severity such as amputated or immobile limbs, blindness, and full-body paralysis. But, the council pointed out, Japan had no venues other than the Haiheiin that could serve as vocational training centers for disabled veterans. The council thought that the Haiheiin was an inappropriate venue for work therapy because the Sugamo site was nearly twenty years old and lacked the resources needed for such an endeavor.[81] When the report is viewed in the light of the actual changes soon made in Haiheiin policies, it is clear that the council may have encouraged certain reforms but it did not enforce them. Still, its investigation disposed the state to make work therapy *de rigueur* for disabled veterans following the rapid spike in the number of Japanese casualties once the war in China widened in 1937.

The interministry discussions that took place in 1930 about the productive capabilities of war-wounded men led government officials to abandon the term *haihei* in favor of the neologism *shōi gunjin* ("injured and sick serviceman") as the standard designation for disabled veteran. A vexing issue with using the conventional term *haihei* ("crippled soldier") was that it conjured up the image of unproductive, piteous, white-robed beggars, which did not fit well with the emerging goal of providing war-wounded men with vocational skills that would enable their financial independence. The *hai* of *haihei* is the same sound and written character in words such as waste (*haibutsu*), ruin (*haimetsu*), and decline (*haizan*), and as such *haihei* did not jibe with the project of rehabilitating severely wounded soldiers through work therapy. By the 1930s, consignment to the Haiheiin signaled that a man ought to harbor no great expectations for self-sufficiency; to be sure, the name Crippled Soldiers Institute had never imbued the site with allure, but when the Japanese state began to gravitate toward teaching injured servicemen gainful vocational skills—an act in tune with ongoing initiatives in the industrialized West—the term *haihei* had to be excised from official speech. *Shōi gunjin* lacked the conceptual baggage of the existing term and meant a serviceman with serious injuries that rendered him lost-to-command and therefore unfit for carrying out military duties. Like the term *shōhei* (used

to denote an active-duty wounded soldier), *shōi gunjin* drew attention to an individual's injuries (not his prospects) and clarified that the wounds stemmed from military experiences. In addition, during the early 1930s this new term frequently appeared in conjunction with the phrase *meiyō no fushō* ("honorable wounds"), thus indicating a conscious spin-doctoring of war injuries and disabled veterans on the part of the state.

Government bureaucrats used the term *shōi gunjin* with increasing frequency in official writings and proclamations after 1930. For example, an article about military relief work written by Fujino Satoshi, head of the Protection Department (Hogoka) of the Home Ministry's Social Affairs Bureau, appeared in the September 1932 issue of *Support* and consistently used *shōi gunjin* when referring to the residents of the Haiheiin. In addition to illustrating the discursive shift of the state from *haihei* to *shōi gunjin*, Fujino's article identifies the Home Ministry's view of the role played by the Haiheiin in the state-directed military relief system in place one year after the start of the Manchurian Incident. Fujino largely rehashes how military relief provides financial assistance to families thrust into financial adversity by the conscription or service-related injury or death of a family member. In addition, he stresses that military relief does more than simply raise the economic livelihood of military men and their dependents; it heightens the morale of military men in the field and pushes them toward victory. An accompanying sketch illustrated Fujino's points (see figure 1.5). In the upper portion of the illustration, a Japanese serviceman stationed in Manchuria washes away "bandits" (i.e., anti-Japanese resistance) with a fire hose that gets its strength from the build-up in water pressure created by the high support of his task on the part of the Japanese public; in the bottom portion, a soldier is unable to cleanse Manchuria of bandits because low support on the home front weakens the water pressure in the hose. In Fujino's depiction of military relief, the Haiheiin and the Military Relief Law keep deployed servicemen from worrying about either their dependents' livelihood or the ruinous consequences of acquiring a disabling injury while at the front. As such, the Haiheiin carried symbolic weight as proof of the gratitude of the nation for the struggles of all self-sacrificing servicemen with honorable wounds, even if the residential population of the facility hovered at just over ninety men during the early years after the Manchurian Incident.[82]

The pivot away from using the term *haihei* continued degree by degree during the early 1930s and made significant progress in March 1934 when the laws governing the Haiheiin underwent a major revision and the facility was renamed the Shōheiin (Wounded Soldiers Institute). The Meiji-era legislation that established the Haiheiin stated that only "persons needing [financial] relief" were eligible for admission, but the new Wounded Soldiers Institute Law (Shōheiin hō) of March 24, 1934, overrode all existing legislation and jettisoned this qualification. Article I of the new law declared that residency at the Shōheiin was for pensioners with "remarkable spiritual

Fig 1.5. *Echoes of the Nation's Support*, 1932. *Source:* Fujino, "Gunji engo seido to sono un'yō," 7.

or physical injuries."[83] The enforcement order of the new law lowered the minimum standard of injury required for admission from grade 2 to grade 3 disabling conditions as specified in the Pension Law, which meant that men with an expanded range of disabilities could now live there. That order also stated that residency was available to "persons lacking appropriate *nursing care* because of familial, financial, or other circumstances."[84] In other words, the nature and consequences of a veteran's medical condition now figured more prominently in his qualifications for residency. Moreover, Article I of the Wounded Soldiers Institute Law stated that pensioners could reside at the facility during "times when they need accommodated protection" (*shūyō hogo o yōsuru toki*), a qualifier that undid the Haiheiin-era assumption that residents would spend the rest of their lives as wards of the state. Veterans with extreme disablements such as multiple missing limbs could stay there until the end, but lowering the medical threshold for admission brought with it the expectation that men who overcame their impairments would leave the facility in a timely manner.

The reorganization of the Haiheiin into the Shōheiin was formalized by not only the new name but also the physical relocation of the facility in June 1936 from Tokyo to a sprawling tract of land outside the village of Ōkubo (later, part of the city of Odawara) in the Ashigarashimo region of western Kanagawa Prefecture. The facilities in Ōkubo featured up-to-date buildings and resources, including six dormitories, an instructional hall, central offices containing a variety of medical examination and treatment rooms, and access to the famed hot springs of nearby Hakone. But forty-four Haiheiin residents chose not to relocate to the new site. A compelling reason not to relocate was the fact that the Shōheiin in Ōkubo did not provide accommodations for family members and that this time the Aikoku Fujinkai did not subsidize nearby housing for dependents.[85] Financially, it made better sense for many Haiheiin residents and their families to remain in Tokyo rather than uproot themselves from the capital and settle in the countryside. Either by design or by happenstance, a mere thirty-seven men lived at the Ōkubo facility at any given time from the moment it opened until the end of 1939.[86]

Changing the name of the Crippled Soldiers Institute to the Wounded Soldiers Institute announced the rethinking of military support for disabled veterans by the state. There is no doubt of the government's desire to remake the image of crippled soldiers and the Haiheiin. In March 1934, when members of the Upper House of the Imperial Diet authorized the changes in the law that governed and identified the facility, Count Matsunoki Munetaka stated that the name "Crippled Soldiers Institute" was inappropriate and regretful but that "Wounded Soldiers Institute" would "glorify" the facility and its occupants.[87] The new name sought to divest residents of the accrued negativity associated with possessing a permanent condition by suggesting that they faced momentary rather than permanent setbacks in the form of wounds that could be healed and overcome. The Haiheiin had been regarded as a place of confinement where severely disabled veterans waited out their days, but the Shōheiin was to provide its charges with temporary care while they strived to surmount adversity. So why adopt the name "Wounded Soldiers Institute" rather than "Disabled Veterans Institute," if *disabled veteran* was becoming a preferred term in official speech? The crippled soldiers of earlier conflicts and even the early years after the Manchurian Incident may have been in the process of being reimagined as disabled veterans, but the newness of the term *shōi gunjin* and its aloof bureaucratic tone probably explain why the refashioned Haiheiin received the familiar-sounding yet different title of Shōheiin rather than a name that featured still uncommon bureaucratic jargon. Plus, in spoken Japanese "Shōheiin" rolls off the tongue, whereas "Shōi Gunjin'in" does not.

Restructuring the Haiheiin into the Shōheiin marked a turning point in state-funded military support for injured servicemen even though the new facility did not satisfy the emerging aspiration of providing disabled veterans with vocational rehabilitation. For whatever reasons, the Shōheiin in

Ōkubo was not designed with systematic work therapy in mind, despite the growing state interest in such an endeavor. Nevertheless, shifting the state's existing institutional focus from granting relief to impoverished crippled soldiers to offering protection (*hogo*) to wounded soldiers made possible the furnishing of vocational rehabilitation to disabled veterans that featured prominently during the era of total war mobilization found in Japan after July 1937. Until then, from 1934 to 1937, the Shōheiin symbolized the ongoing efforts of the state to strengthen the unity between servicemen and the home front from which they came. By conspicuously casting aside the term *haihei*, the state signaled to Japan's soldiers and sailors that their country would not discard them should they be severely wounded while fighting "for the sake of the nation" (*okuni no tame ni*) on distant shores.

Third, during the 1930s the state came to regard servicemen in need as a community distinct from the general poor, a conceptual reshuffling that clarified the objectives of military support and paved the way for greater livelihood assistance for military casualties after 1937. This transformation began when the state relinquished its embrace of Meiji-era means of providing poor relief. The inadequacies of the Relief Regulations of 1874, which held fast to the ideal of mutual assistance given by local communities, became increasingly apparent during the 1910s and 1920s. Over time, upheavals such as the rice riots of 1918 and the Kantō Earthquake of 1923 led the state to reconsider its long-standing preference for relying on the private sector to provide financial assistance to impoverished individuals. In July 1927, the Social Services Investigatory Commission (Shakai Jigyō Chōsakai), an external advisory board affiliated with the Home Ministry's Social Affairs Bureau, compiled a report that recommended the establishment of social work programs for the poor.[88] Heeding the advice, Home Ministry officials examined poor relief programs found in Europe and prepared a draft law for submission to the Imperial Diet via the Imperial Cabinet. Home Minister Wakatsuki Reijirō introduced the bill in the Lower House in mid-March 1929, noting that the Relief Regulations were "flawed" and "inappropriate for [Japan's] current state of affairs";[89] the bill passed muster in the Lower House and went to the Upper House, which approved it after a brief review by committee. The Relief Law (Kyūgo hō) was promulgated on April 2, 1929, with its execution set for January 1, 1930, although a lack of funding postponed its enactment until January 1, 1932.[90] According to its Article I, the law extended public funds to individuals "during times when they are unable to make a living because of poverty" (*hinkon no tame seikatsu suru koto towazaru toki*).[91] The Relief Law made poor relief a government responsibility and expanded the authority of Home Ministry district commissioners to administer national policies at the local level.[92]

The enactment of the Relief Law pushed the state to differentiate military support from poor relief. In the mid-1930s, government officials began to question the essential nature of military relief.[93] Home Ministry administrators grew concerned that the term *relief* (*kyūgo*) was an inappropriate

characterization of the assistance extended to servicemen and their dependents. Funds paid by the government to such people should not be considered relief because such an association might foster the belief that military service constituted a financial burden. This had been a long-standing concern that reared its head once again because Japanese servicemen were involved in ongoing military operations in Manchuria and north China. Moreover, assessing the nature of military relief was timely because the increase in the number of military personnel being called up for deployment overseas necessitated the outlay of larger amounts of livelihood assistance to military families. In June 1936, as military actions in China wore on and the number of military families requesting assistance grew ever larger, the Social Affairs Bureau enlisted the Social Services Investigatory Commission to examine state-funded assistance programs for servicemen. The following month, the commission submitted a report that concluded that "Military assistance services differ in nature from so-called relief services [*kyūsai jigyō*]" because the former are "based upon the spirit of the unified nation's support on the home front," not the state obligation to relieve poverty-stricken individuals.[94] With such an interpretation in mind, namely that the purpose of extending aid to servicemen and their families was to raise and maintain support for the military rather than to help poor persons, the commission recommended revising the Military Relief Law to clarify that distinction.

In March 1937, the Military Relief Law became the Military Assistance Law (Gunji fujo hō) and in the process distanced state-funded assistance for servicemen from the state-funded poor relief now provided by the Relief Law. The very name of the revised law announced that separation. According to Mochinaga Yoshio, director of the Social Affairs Bureau's Protection Department, the title of the law clarified that its bestowments embodied support by the home front of individuals who honorably fulfill their military obligations.[95] In practical terms, the Military Assistance Law expanded the scope of assistance to wounded and ill soldiers and their families, the bereaved families of servicemen, and the families of active-duty NCOs and soldiers "*having difficulty* making a living" (*seikatsu suru koto konnan naru mono*) (Article V). This was a significant deviation from the Military Relief Law, which extended assistance to similar individuals "*unable* to make a living."[96] It is worth noting that the revised law did not employ the now-accepted term *shōi gunjin* but retained the term *shōbyōhei* used by its predecessor, meaning that the state committed itself to providing aid to men who retained vocational abilities but still needed help in transitioning back into the civilian workforce. The Military Assistance Law supplemented the Military Conscript Occupational Security Law (Nyūeisha shokugyō hoshō hō) of April 1931, which mandated that workplaces with more than fifty employees must rehire men drawn away by military service and reinstate them with the same work and salaries that they had before they left as long as returnees were physically fit to do so.[97] Wounded servicemen

"having difficulty making a living" often needed vocational rehabilitation or assistive devices to resume their jobs; the Military Assistance Law provided the assistance required for more wounded servicemen to return to their preconscription workplaces. Private military support associations such as the Teikoku Gunjin Kōenkai praised the expansion of the protections of the law.[98] The law went into effect on July 1; thus it expanded state-funded military support for military casualties just six days before the start of Japan's Second World War, a conflict that left many Japanese servicemen with work-impeding injuries.

As we have seen, prior to the Second World War military support in Japan rested on four foundations, three of which of consisted of public or state-managed programs and the fourth consisting of private-led endeavors. Military pensions extended both ongoing and one-time financial benefits to men with war wounds, depending on the seriousness of those injuries. The Shōheiin provided institutional care to disabled veterans in need of financial assistance and accommodated protection. The Military Assistance Law offered a variety of livelihood assistance measures to wounded servicemen whose injuries adversely affected their social and economic well-being, such as cash allowances, medical care, and occupational aid. These three pillars of military support relied on government direction, management, and subsidy, but the fourth pillar was built on private humanitarianism and nationalism. Civic associations such as the Teikoku Gunjin Kōenkai and Aikoku Fujinkai mobilized imperial subjects to contribute time, effort, and money toward improving the lives of active-duty servicemen, military families, and military casualties and their dependents.

It took decades for these four foundations to merge and give shape to a mature system of military support. Initially, the modern Japanese state relied on mutual assistance provided by private actors to help war-wounded men bear the burdens brought about by debilitating or disabling injuries. This preference, which predated the Sino-Japanese War of the 1890s, proved difficult for the state to relinquish, and as we will see, during the Second World War this way of thinking reemerged when grassroots military support became part of the total war mobilization of the home front. When the state did commit itself to providing institutional assistance to disabled veterans after the Russo-Japanese War, the resulting Haiheiin constituted a tepid response to the needs of seriously injured men. The lessons learned during and after the First World War, however, convinced the state to enact legislation that not only gave livelihood assistance to wounded servicemen but also helped to muster morale in support of military service and servicemen in need. In the process, crippled soldiers became disabled veterans as the Japanese government began to embrace the Western idea of using work therapy to provide wounded soldiers with vocational rehabilitation. During the 1920s and 1930s, understandings of war disability and the needs of wounded servicemen grew more sophisticated, leading government officials

to fine-tune the previously established forms of military support by remaking the Haiheiin into the Shōheiin and revising the Military Relief Law as the Military Assistance Law. Auspiciously, such changes lengthened the reach of military support for war-wounded men on the eve of what would become a protracted eight-year-long war. But, what about those men who benefited from military support practices? In the next two chapters, we turn to the experiences of wounded servicemen to see how they came to be the beneficiaries of military support on the home front.

2

Medical Treatment across the Sea

Between 1937 and 1945, hundreds of thousands of IJA troops deployed overseas to Asia-Pacific battlefronts where their bodies were ripped, repaired, and, in many cases, remobilized back into the aggressive Japanese war machine. Consider the wounding of Private First-Class Hodota Shunkichi, who hailed from Saitama Prefecture and was stationed near Hankow in south-central China during the early years of the China Incident. A volley of hand grenades nearly tore him apart one night in July 1938. Hodota recalled in a book of battlefield memoirs written by wounded soldiers that just prior to his wounding he heard a series of popping noises similar to the sound caused by the wooden clappers used by door-to-door tofu sellers. Then, grenades flew out of a nearby grove and exploded near him. According to Hodota,

> I thought at that moment to return fire, but when I tried to pull the trigger [of my rifle] with the index finger of my right hand, my finger had no strength. *Hmm*, I thought, and when I looked at my hand I saw blood flowing and white bones jutting out. My right sleeve was ripped, and blood spurted out from my arm. My eyes slowly traveled upwards, where I saw blood running down from my shoulder. *This isn't good*, I thought, and tried to get up, but I couldn't stand. My right thigh was bleeding too. The shells came from above, and I did not know the whereabouts of my buddies.[1]

Hodota survived his wounding—but only after evading his attackers for days and then dizzily stumbling into an IJA dressing station.

And there was the wounding of Okano Kamematsu, a field artillery corporal from metropolitan Tokyo, who was shot during an IJA assault on the

town of Funing in China's coastal Jiangsu Province in May 1938. Later that year, Okano recounted his wounding:

> *Bam, bam!* The loud, cracking sounds of two rifle bullets striking near my leg hammered into my ears one after another. *Those are dumdum bullets,* I thought, and then my right leg collapsed at the knee and I fell over. Groping around with my hands, I found that my leg had been wrenched away below the knee and was attached in a reverse position, dangling only by some muscle and flesh.[2]

Thanks to prompt wound management, Okano survived his injury but at the cost of his leg. Dumdum bullets, which are non-metal-jacketed bullets with depressed apexes, are designed to deform on impact and produce a combination of ballistic, blast, and thermal effects.[3] The bullet that struck Okano would have changed shape on entering the flesh surrounding the knee, flattening outward and creating a cavitated wound, thus shattering the patella and upper femur and blowing fragments of bone into the soft tissue of his leg. Okano's lower leg dangled largely unattached below the knee—*buranburan ni natte* ("flippity-floppity"), as he put it. Soon afterward, an IJA field surgeon removed the unsalvageable portion of the limb, commenting, "hmm . . . this saw doesn't cut so well . . ." before the blade raked its way completely through the bone with an audible *pop!* Months later Okano remarked, "That sound, as well as the grating of the saw while it cut, vividly remains in my ears."[4] Hodota's and Okano's woundings in 1938 were routine in at least two regards: both were peripheral-yet-severe injuries and both immediately removed their recipients from active-duty operational command. In military parlance, the amputation of Okano's leg rendered him lost-to-command and necessitated his medical evacuation from the front lines. Hodota and Okano both eventually returned to Japan as medical evacuees, but the circumstances of their post-service lives as veteran amputees are untold tales.

Six years later on the other side of the Pacific, Ruth Benedict, a cultural anthropologist, worked on a study of the Japanese people commissioned by the U.S. Office of War Information. In 1944, Benedict began interviewing Japanese immigrants to the United States, asking them questions that she believed would offer insights into the Japanese psyche to explain what appeared to be common Japanese behaviors. Benedict published her research two years later as *The Chrysanthemum and the Sword*. In her study, Benedict examined Japanese troop behaviors observed by U.S. forces on the front lines. Intrigued by the bloody do-or-die "banzai charge" spirit displayed by Japanese soldiers on such battlefields as Guadalcanal and Attu, Benedict focused her attention on IJA views of the "expendability of [its own] fighting forces."[5] One factor behind the mass immolations witnessed by U.S. troops, she concluded, was the lack of a developed IJA system of

military field medicine. According to Benedict, "At all events, during the war the Japanese Army had no trained rescue teams to remove the wounded under fire and to give first aid; it had no medical system of front-line, behind-the-lines and distant recuperative hospitals. Its attention to medical supplies was lamentable."[6] Benedict went on to describe reports of IJA medical officers killing sick and wounded Japanese soldiers who could not be evacuated from the path of advancing enemy troops. Then and now, Benedict's research entrenched a view of Japanese soldiers as fanatics who routinely chose death over life.

Unquestionably, state and society in wartime Japan both cooked up and consumed the rhetoric of Japanese soldiers and sailors selflessly giving their lives in battle "for the sake of the nation" and in service to the emperor. Throughout the war the grim, patriotic anthem "Across the Sea" ("Umi yukaba")—the paean of the IJN—warbled "Across the sea, water-drenched corpses / Across the mountains, corpses covered in grass / Should I die for You (my Emperor) / It will be without regret."[7] Saburō Ienaga, a Japanese historian, public intellectual, and a long-time critic of Japanese wartime behavior, argues that IJA soldiers faced one of two possible options after being wounded: either commit suicide or be executed by their commanding officers.[8] But a closer examination of the historical record shows us that such acts were extraordinary rather than regular features of IJA behavior during the 1930s; when they did become more commonplace in the 1940s, it was because Allied ships had severed IJA and IJN supply lines and reduced soldiers' chances of evacuation, medical or otherwise. Although Benedict, Ienaga, and other scholars have broadened our understanding of the psychology of modern Japanese warfare, the experiences of wounded servicemen were generally less morbid than what much of this scholarship suggests.[9] Ienaga and Benedict both disregard a vital component of the Japanese war machine, namely, its military medical system with its elaborate echelons of frontline wound management, medical evacuation units, and rearward medical facilities charged first and foremost with saving—not ending—men's lives. After all, Japanese soldiers and sailors had been mobilized for total war, not total self-destruction.

War wounds create logistical problems for armed forces. In the eyes of commanding officers, wounded soldiers embody unstable military *matériel* that either has to be repaired for battle, which entails an outflow of supplies and effort, or must be relinquished as unusable. Akin to their counterparts in other national and historical contexts, IJA military physicians and field medical units focused their energies on saving the lives of the sick and wounded to return them to a fit state of health. Most Japanese servicemen were patched up and sent back to the front lines to fight again; men with more serious wounds were sent home, where they could contribute to the war effort in less violent ways. The Japanese state managed the bodies of disabled veterans on the home front for a dual purpose; on the one hand,

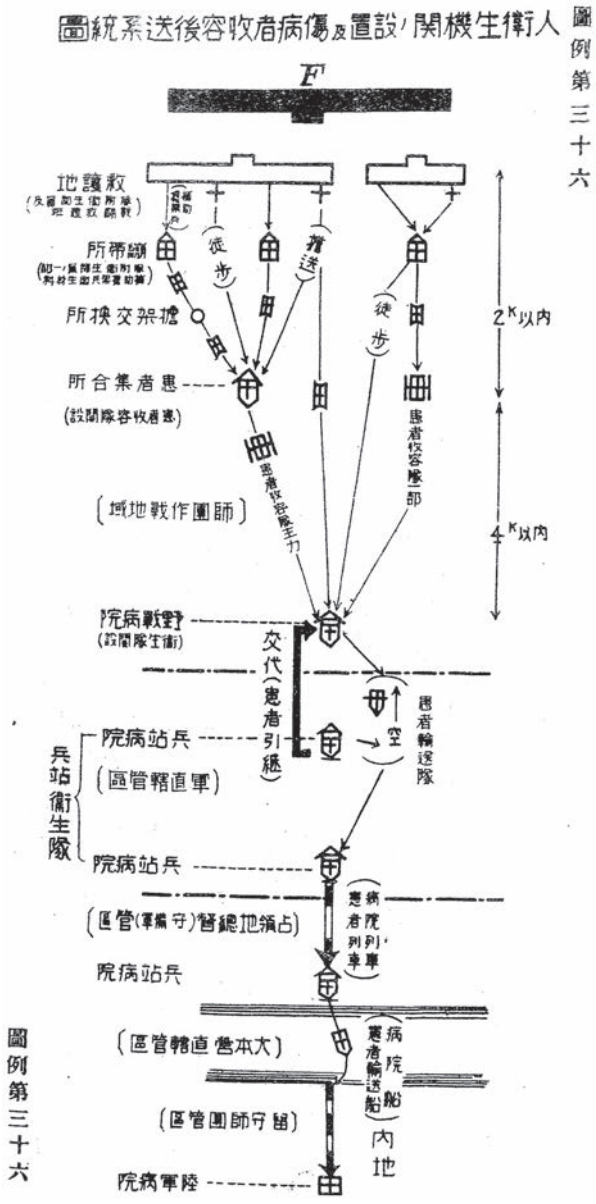

Fig 2.1. Schematic diagram of echelons of IJA medical care facilities spanning from overseas fighting fronts (marked with an F at the top of the illustration) to zone-of-the-interior army hospitals (the four-panel box at the bottom of the illustration), 1942. *Source:* "Zurei dai-36: Hito-eisei no setchi oyobi shōbyōsha shūyō kōsō hassō keitō zu," in Rikugun Shikan Gakkō, *<Shōwa 17-nen kaitei> Senjutsugaku kyōtei, kan-2, sono-2*, n.p. Collection of the author.

the war-wounded served as magnets that attracted the spiritual energy of the nation in support of the war effort, and on the other hand, they replenished an industrial workforce whose strength had been diminished by the relentless demands of military conscription. In effect, nonfatal IJA battlefront losses often became home-front gains; they posed frontline logistical problems but later helped to fulfill domestic needs.

Frontline medical treatment and wound management preserved the lives of servicemen and enabled their repatriation to Japan, a fact that flies in the face of Benedict's conclusions about the purported lack of a Japanese military medical system. Still, the mere fact of being wounded in battle did not mean that a soldier would make his way home; rather, he had to survive his injuries, then endure frontline medical treatment, and then undergo the logistical challenge of being repatriated. Hodota, for example, was medically evacuated to Japan only after evading his attackers, lying lacerated in a ditch during a rainstorm, and finding a field aid station, where his wounds were treated and deemed grievous enough to require repatriation. After all this, he made it home because the means as well as the routes of repatriation were still intact. The accounts of wounded men such as Hodota and Okano relate a set of experiences seldom acknowledged in the history of Japanese overseas military operations of the 1930s and 1940s. Moreover, the frontline stories of wounded soldiers detail the measures through which the IJA sought to save the lives of its men. The existence of a complex system of military wound management that included logistical pathways for medical evacuation, which had been put in place many decades before the 1930s, demonstrates that conclusions by Benedict and others at best reflect the state of the Japanese military medical system only from 1943 to 1945, not for the full duration of a regional war that officially began in 1937 and grew significantly in scale in 1941. In this chapter, I discuss the IJA's overseas system of frontline wound management and medical repatriation for physically wounded servicemen as it existed—at least in policy, if not always in practice—prior to the IJN attack on Pearl Harbor on December 7, 1941 (see figure 2.1), in other words, before the broadening of the Japanese war overseas from the China Front alone to the vast Pacific Front, an expansion that accelerated the systemic collapse of the overseas and domestic medico-military capabilities of Japan.

The Fighting Artificial Arm

On a cool, misty morning in October 1939 an exploding shell nearly sheared off the right forearm of Private First-Class Saijō during a campaign to seize an enemy position held near Mt. Wutai, one of the most sacred Buddhist sites in China. Saijō, a conscripted farmer from the semi-rural Kamikamo district

of Kyoto, had been sent to northeastern China at an undisclosed time to participate in IJA field operations in Shanxi, Chahar, and Hebei provinces. In late 1939, the IJA's North China Army faced the ongoing challenge of maintaining internal security within Japanese-occupied territories, which included conducting numerous "bandit suppression" campaigns directed at the regular and guerrilla forces of the Eighth Route Army of the Chinese Communist Party, headquartered in the Shanxi-Chahar-Hebei border region. IJA rural pacification efforts required large- and small-scale offensives against Chinese resistance forces dug into position deep in the hilly, arid terrain of eastern Shanxi. It was during one such campaign that Saijō became a casualty of war.

Saijō was wounded twice that day, but it was his second injury that required his medical evacuation. During the weeks prior to his wounding, Saijō's battalion had been pursuing a knot of Chinese troops and finally caught up with them to conduct what was planned to be a decisive attack. When the order to strike came down, Saijō and his comrades-in-arms launched a morning assault against the Chinese encampment. As his battalion buddies and leaders fell wounded and dead around him, Saijō charged uphill across more than 150 feet of rocky terrain to reach a Chinese trench, where he set on its defenders with his rifle and bayonet, killing them. At the trench, Saijō received his first injury of the day: a perforating gunshot wound that zipped through the flesh of his left thigh. "It felt as if something struck my leg," he recalled. "However, I thought nothing of it and charged forward again without a pause. But after a while, I noticed a pain in my left leg and when I looked at it, blood was oozing out of my lower thigh. I then thought for the first time, *have I been shot*?"

Realizing that he had to tend to his wounded leg, Saijō retreated from the firing lines and took refuge in an abandoned enemy pillbox, where he wrapped cotton gauze bandages—at that time all IJA troops were issued rudimentary field-dressing kits—around his lower thigh. Telling himself that he could fight on despite his injury, Saijō made his way back to the front line, but on reporting to his squad leader, he was ordered to seek medical attention. As Saijō retreated, an artillery barrage began to rain down on the Japanese-held position. It was at that moment that Saijō almost lost his arm: "Along with the great reverberation of a shell falling, I was covered head-to-toe with dirt and my right hand was slammed violently. Suddenly, I lost feeling in my hand." Saijō's first reaction was to look around him, where he noticed that his pal Yamada lay dead in the dirt. An IJA medic appeared out of the mist to escort Saijō to the safety of a nearby ridgeline, where both men got their first close look at Saijō's injury. The exploding shell had pared flesh from Saijō's right arm just above the wrist and broken either the radius or ulna (or both), yielding a compound fracture that drove points of bone through the soft tissue of the forearm. After binding the wound and securing a sling around the injured arm, the medic took Saijō to a makeshift

dressing station to wait for litter-bearers, who would carry the wounded to a casualty collection station. Such was the cool autumn morning that marked the start of Saijō's lengthy transformation from an able-bodied serviceman into a wounded soldier and eventually a disabled veteran of the China Front.[10]

Saijō recounted his wounding, the surgical amputation of his right forearm at a field hospital, and his subsequent medical evacuation in his memoir *The Fighting Artificial Arm* (*Tatakau gishu*), which was written by retired IJA Physician-Captain Kawahara Kaiichirō and published in October 1941 (see figure 2.2). After returning home to Japan in late February 1940 following months of field medical care, Saijō (a pseudonym provided by Kawahara) spent ten months at Provisional Tokyo Number Three Army Hospital (Rinji Tōkyō Dai-3 Rikugun Byōin), located in the town of Sagamihara on the western outskirts of Tokyo, where he was fitted with a prosthetic arm and received physical and occupational rehabilitation until his January 1941 discharge from both medical treatment and military service. Kawahara served as a field surgeon in north China during 1938–1939 prior to being stationed at Tokyo Number Three for an unknown period of time. At some point, Kawahara completed a memoir of his experiences at the China Front, which was published in July 1940 as *Firing-Line Army Doctor* (*Kasen no gun'i*). While at Tokyo Number Three, Kawahara contracted an unspecified illness and resided at the hospital for three months as a patient before leaving to convalesce at home. Kawahara's writings specify neither the full duration of his time at the hospital nor how he came to meet Saijō, but he probably became acquainted with the amputee veteran as a result of his affiliation with Tokyo Number Three (in the postscript to *The Fighting Artificial Arm*, Kawahara notes that he finished writing Saijō's memoir while recuperating at home).[11] As a result of its collaborative authorship, *The Fighting Artificial Arm* filters Saijō's tale through the perspective of a military doctor, thus infusing Saijō's personal observations and private thoughts with institutional detail about the Japanese medico-military system. As Saijō "tells his wounds" via his memoir, the reader travels from the grit of frontline combat to the gurneys of Tokyo Number Three and tours the successive stages of overseas and domestic IJA medical care in place during the late 1930s. Saijō's memoir illustrates how the IJA field medical system was structured to achieve three core objectives: preserve lives, maintain force strength, and, when necessary, evacuate men whose injuries made them lost-to-command.

Saijō's decision to suspend his forward advance and tend to the seemingly inconsequential flesh wound to his left leg demonstrates that self-management of their own wounds constituted an immediate post-injury responsibility for IJA troops. IJA recruits received fundamental health (*eisei*) education during their first year of military training, which included basic hygiene practices as well as rudimentary wound-bandaging techniques, and later received follow-up instruction prior to their overseas deployment.[12]

Fig 2.2. Front cover of Saijō's memoir *The Fighting Artificial Arm*, 1941. *Source:* Kawahara, *Tatakau gishu*, cover. Collection of the author.

Each soldier was issued a triangular cotton bandana and two antiseptic gauze pads to use for dressing wounds; these first-aid items were carried in interior pockets sewn into his military uniform. Some men carried pocket-sized first-aid guidebooks with titles such as *Sanitary Guidance and First-Aid Instructions* (1930) and *Health Dos and Don'ts for Mobilized Forces and NCOs* (1939), which contained the health instructions they had been taught during basic training (see figure 2.3). Such booklets informed their readers that immediate wound management would more than likely be provided by the soldier himself or a member of his unit.[13] Although they were not standard-issue reading material, these sorts of inexpensive primers contained basic, easy-to-follow first-aid guidelines that covered issues ranging from wound

contamination and burn treatment to tips on how to unearth and resuscitate comatose individuals who had been buried alive. Publishers copiously illustrated these field-instruction guidebooks with simple diagrams showing how best to staunch bleeding, ideal practices for carrying wounded troops from the battlefield, and the like. Tucked away into a soldier's rucksack by a worried mother or purchased by a recruit during a moment of anxiety before shipping off to the front, such instructions doubtlessly helped soldiers save their own lives and the lives of their comrades-in-arms.

Fig 2.3. Two illustrations from the portable guidebook *Sanitary Guidance and First-Aid Instructions*, 1930 edition. The diagrams show soldiers in the field how to locate pressure points for staunching external bleeding from the arms; the upper image shows first aid administered by a second party, while the lower images shows self-applied aid. *Source: Eiseihō oyobi kyūkyūhō*, 58. Collection of the author.

Many Japanese servicemen put their faith in materials other than bandages and booklets. Great numbers of men had *senninbari* ("thousand-stitch belts"), which were believed to protect their wearers from bodily harm and ensure their safe return home, tied snugly around their waists (see figure 2.4). Women presented these wide bands of cotton cloth embroidered with 1,000 knots of dyed thread to loved ones heading to the front. During the Russo-Japanese War, it had been common to see women gathering at train stations, temples, and other public sites to solicit passersby to add stitches to *senninbari*, and this practice became far more widespread during the 1930s and 1940s as the conscription rate rose. Wartime essayists opined that the importance of *senninbari* lay not in their mystical attributes but, rather, in the fact that the act of creating them mobilized communities to express their collective support for the military in a public fashion. "One thousand women stitching their true feelings into a cloth sheet is a kindheartedness that cannot be expressed via words or letters," argued Kamitsukasa Shōken, a novelist, in the journal *Literary Annals* (*Bungei shunjū*) in December 1937. "There are people who criticize *senninbari*, saying things like they are mere superstitions," he noted before admonishing such people to "put aside questions over whether or not *senninbari* deflect bullets and prevent wounds and instead look at the powerful support given by 1,000 tenderhearted women."[14] *Senninbari* proved to be ubiquitous among the personal effects of Japanese troops, which led the U.S. War Department to conclude that the belts formed part of the standard-issue IJA uniform.[15] Servicemen also carried auspicious votive plaques, amulets, and paper charms, as well as the close relative of *senninbari*, the handmade bulletproof vest. But unlike *senninbari* and other homespun garments, talismans obtained from religious and spiritual sites such as Buddhist temples and Shintō shrines were regarded as being less efficacious at protecting their bearers than personalized items made or commissioned expressly for a particular soldier by his loved ones and supporters. Confessionals attesting to the miraculous powers—or lack thereof—of *senninbari* became a standard feature of Japanese battlefield lore.

Saijō did not relate in *The Fighting Artificial Arm* whether he carried first-aid instructions or a *senninbari* into battle, but it was only after he had dressed his initial, nonfatal wound by himself and was ordered by his commanding officer to seek medical attention that he moved to find a medic (*eiseihei*). Each IJA infantry division—there were seventeen by the time of the July 1937 Marco Polo Bridge Incident—had its own medical detachment that oversaw divisional health and medical affairs, including the dispatch of combat aid squads to battlefronts as part of the division's Sanitary Corps (Eiseitai). The medics that made up these aid units were attached to operational field units, and the units were known as field sanitary battalions. The IJA began assigning more medics to the field following the escalation of the China Incident, even though its Medical Services Bureau (Rikugun Imukyoku) had been winnowing down the lower ranks of the sanitary battalions

Fig 2.4. Photograph of women gathered outside Yasukuni Shrine in Tokyo to contribute stitches to a *senninbari* ("thousand-stitch belt"), undated (c. 1938–1944). From a 1944 book published by the Photography Association titled *Military Results on the Home Front*, which features images compiled by the Cabinet Information Bureau. *Source:* Shashin Kyōkai, *<Jōhōkyoku kanshū> Jūgo no senka*, 81. Collection of the author.

during the early 1930s by consolidating their official duties.[16] After July 1937, the IJA increased the number of lower-ranking divisional personnel, such as medics, but did not move greater numbers of military doctors forward to the firing lines because their professional training and expertise made them too valuable to assign to dangerous locations. The decision to increase the number of field personnel, which is attributed to Koizumi Chikahiko, IJA surgeon-general and director of the Medical Section (Ijika) of the Army Medical Services Bureau, reflected a tactical desire to keep as many combat troops in the field as possible.[17] The Army Medical Corps (the IJA staff community of officer-physicians) determined that increasing the number of frontline medical personnel would reduce the amount of time that wounded soldiers were lost-to-command by forestalling their removal to dressing stations or field hospitals for medical treatment. Thus, by late 1937 the IJA was posting more medics to the front lines as the war escalated because such a move kept more soldiers in the field and at the same time protected its cadre of military physicians.[18]

According to Idezuki Saburō, a former Army Medical School (Rikugun Gun'i Gakkō) official and at one time the head of the Sanitary Section (Eiseika)

of the Army Medical Services Bureau, IJA field medicine became more assertive following the escalation of the war in China after July 1937. IJA personnel previously had taken a conservative approach to frontline wound treatment; in other words, they believed that the less frontline treatment, the better. Instead, patients were moved rearward so that procedures took place away from the battlefield. This approach changed, however, as the fighting expanded and more soldiers were needed in combat operations.[19] In March 1939, over one hundred frontline IJA surgeons met twice (first in Peking and then in Nanjing) to assess the state of medical affairs at the front. These divisional medical officers, who were joined by Idezuki (then an instructor at the Army Medical School) and Watanabe Tokushichi, head of the Medical Section of the Army Medical Services Bureau, compiled a state-of-the-field briefing in May 1939 as the Frontline War Wound Surgery Study Group and reported on the experiences and needs of IJA physicians at the front. Such assessments by active medical practitioners not only chronicled IJA practices but also served as institutional mechanisms for redirecting IJA field medical activities.[20]

The increased number of frontline medics by October 1939 may help to explain why Saijō received aid so soon after he sustained his second, more serious injury to his right arm. It is easy to understand why the army hesitated to send many military doctors into the field and relied instead on medics to deliver aid to wounded soldiers. Field medics—as opposed to medics stationed at military hospitals in the rear—were selected from among regular recruits soon after they arrived at the barracks for military training and indoctrination.[21] Medics received basic training in wound management but were not qualified to provide substantial medical care—as a result, soldiers referred to them in jest as "Mercurochromes" because their abilities seemed to extend not much further than being able to apply topical antiseptics to blisters and cuts. In the field, the Sanitary Corps of a division was authorized to appoint infantrymen to serve as auxiliary medics and litter-bearers (*tankahei*). Medics such as the one who escorted Saijō away from the battlefield in Shanxi were called on to brave exploding shells and flying bullets as they moved toward combat to treat and collect the wounded. An evocative depiction of the work of medics and litter-bearers appears in *The Light of Building Asia (Kōa no hikari)*, a November 1939 collection of illustrated short texts that detail the sacrifices and successes of Japan's armed forces (see color plate 2). "Its brilliance differs from that of the other service branches, but the mission of the Sanitary Corps is also noble and significant, is it not?" asks the passage titled "A Sanitary Corps Active in a Rain of Bullets," illustrated by Suzuki Gyosui:

> As a rule, the Sanitary Corps has no choice but to be active in the places where troops go, as if living in their shadows. The Sanitary Corps toils silently from start to finish at the trench battles of Central China, the mountaintop battles

> of North China, and the surprise attack operations of South China. Medics ordained with a weighty mission are far removed from the main body of troops in inadequately protected and isolated field hospitals while struggling with raids by enemy stragglers as well as insufficient supplies. Litter-bearers transport fallen and convulsed wounded soldiers, forgetting danger to themselves at front lines where hostile fire rains down on them. The noble mission to comfort gravely wounded soldiers on the verge of death as if they were their own brothers or fathers—that robust military spirit is no different than that of combat troops.[22]

Praising medics—a rudimentarily trained and easily replenished group of regular troops—not only contributed to raising public support for the noncombat IJA forces but also probably helped to fill the ranks of field sanitary battalions with recruits eager for battlefield glory. Medics were expendable but also invaluable; soldiers may have called them "Mercurochromes" on the sly but addressed them reverently as "Honorable Medics" on the battlefield when their services were in high demand.[23]

A medic accompanied Saijō to a secure location to examine his battered arm, where the gravity of the injury became apparent. The medic determined that Saijō's forearm had been seriously wounded, even though Saijō had not registered intense feelings of pain upon being caught in the blast of the falling shell and could still walk on his own. Together, the two men moved to a nearby trench that served as both a field-dressing station (*hōtaijo*) and a litter-clearing station (*tanka kōkanjo*). Being examined for battlefield injuries did not automatically result in a soldier's evacuation from active combat operations. It was IJA doctrine that sanitary battalion personnel treat the injured quickly in the field and return them to battle as soon as possible. This position was articulated not only in Army Medical Corps instructions but also in materials that circulated outside the medico-military community. For example, according to a December 1942 edition of a Military Academy tactics manual, "Men fit for duty from among patients accommodated at dressing stations must be returned to the firing lines immediately following the completion of necessary procedures; other soldiers [e.g., the severely wounded] must proceed to rearward medical facilities either by foot or by litter."[24] In the view of the medic, he had no choice but to instruct Saijō to wait at the trench for litter-bearers, who would convey him and other wounded men away from combat.

Dressing stations were the closest medical treatment centers to the firing lines and were situated in areas amenable to troop transport but shielded from enemy surveillance and artillery. Dressing stations varied in size and with regard to attendant personnel. IJA Physician Lieutenant Kajiyama Morio documented the workings of a large dressing station in his November 1941 memoir *Frontline Dressing Station* (*Senzen hōtaijo*). Kajiyama worked at a dressing station in August 1937 during the march of the Kwantung Army

from Shahezhen in northeastern China to the Great Wall in the course of its occupation of the China–Inner Mongolia border region. Recognizing the fact that the placement of a dressing station should reflect battlefield conditions, Kajiyama initially pitched his dressing station in a chestnut grove but then relocated to the grounds of a Buddhist temple located in an occupied village as his sanitary battalion followed the movement of his troop division. Troops, horses, or donkeys carried supplies in medical panniers, the contents of which were arranged to create a functional admissions and discharge section, a surgery, a dispensary, and a morgue—the standard four-part structure of an IJA dressing station.[25] Although litter-bearers were instructed not to evacuate mortally wounded soldiers, dressing stations had to contend with the corpses delivered to them, and because of this, they were also assigned with cremation duties when battalions proved unable to dispose of their dead.[26] The admissions and discharge section of a dressing station doubled as a provisional armory; collected casualties had their weapons claimed when they were admitted and later returned to them when they left the station. The unarmed neutrality of battlefront medical aid stations is a tenet of the Geneva Convention, which Japan signed in 1886, but Kajiyama's dressing station, akin to many others, had its own armed security escort for protection and self-defense.

When Saijō arrived at the dressing station-*cum*-litter-clearing station established for his division near Mt. Wutai, he discovered a comrade of his named Harada who had been shot in the chest and was coughing up blood. Harada writhed on the ground in agony as more and more wounded troops staggered to the station; he eventually expired in a bloody froth, allegedly gurgling, "*Tennō heika banzai!*" ("Long live the Emperor!") with his dying breath.[27] The division logistics officer would have registered Harada as a killed-in-action soldier (*senshihei*)—just like the soldier named Yamada who had died when Saijō was caught in the shell blast—and Saijō as a wounded-in-action soldier (*senshōhei*) when tallying that day's casualties. If Harada had died after being admitted to a field hospital, he would have been reclassified as a wounded-treated-died soldier (*senshōshihei*). In March 1935, *Army Medical Corps Journal* published a received inquiry and official response regarding death due to war wounds. "Various battle casualty charts released by the Army, as well as war zone death notices in [the Imperial Diet gazette] *Kanpō*, distinguish between 'killed-in-action' and 'wounded-treated-died,'" noted one reader, who then asked, "What points differentiate these two fatalities, and what pertinent advice can you give for reading these charts?" The Sanitary Section of the Army Medical Services Bureau responded by stating, "'Killed-in-action' means dying of war wounds at battlefields and divisional dressing stations (regardless of passing through a dressing station or not) prior to being admitted to a field hospital or equivalent institution. 'Wounded-treated-died' means dying either at field hospitals and equivalent institutions or at rearward health institutions including homefront military

hospitals as a direct result of war wounds."[28] Although the distinction between killed-in-action and wounded-treated-died was rarely made in Japan's wartime popular press, the difference proved to be significant when calculating military pensions and death benefits for war-bereaved families.

At the dressing station, litter-bearers arrived later that day, picked up Saijō and the other wounded men, and delivered them to a nearby casualty collection station (*kanja shūgojo*) to be examined by a military doctor. Set back from the front lines in a secured area, a casualty collection station served as the convergence point for medics and litter-bearer units as they evacuated injured soldiers from various points on a battlefield. Here the ranks of a divisional Sanitary Corps diversified. Now, military doctors, whose objective remained to patch up men and return them to combat operations as soon as possible, began providing treatment to the wounded. As the wounded were moved rearward, grievously injured soldiers would continue to be moved further and further back from the front while less seriously wounded men were treated along the way and ordered to return to their units in the field. Ideally, military physicians got no closer to the firefights than the dressing stations or casualty collection stations unless intense combat conditions required their temporary assignment to battlefields because medics and litter-bearers were insufficient in number and thus too heavily taxed to evacuate the wounded in a timely fashion. Enlisted male nurses at the casualty collection station would have begun keeping the treatment records that traveled with the wounded down the line from the front.

Saijō first noticed physical discomfort from his injured arm while recuperating in the sick ward of the casualty collection station that had been established in a small village. After being examined by a military doctor in one requisitioned house, Saijō was sent to another house to rest among a group of wounded men; Saijō noted that the only sight he could make out in the dim interior of the building was the gleaming white bandages of other men. There, his bandaged arm began to swell and throbbing pain gripped Saijō as he spent a restless night listening to his comrade's groans. The next morning, Saijō and other men requiring more extensive medical care began a three-day march to a field hospital located approximately 6 miles away in the regional town also named Wutai.

Evacuating the wounded overland from battlefields to field hospitals and beyond had presented logistical challenges for IJA forces stationed in northeastern China ever since the outbreak of armed conflict with the Mukden Incident of September 1931. When the fighting spread to the Shanghai region in 1932, battlefronts broke out around a major city, and because of this, sanitary battalions had less difficulty conveying wounded troops to field hospitals located in Shanghai proper. But such was not the case to the north, where IJA forces found themselves deployed across broad swaths of territory and field medical institutions were often far removed from the firing

lines. As a general practice, litter-bearers carried the wounded rearward, but unforgiving terrain prolonged the duration of the medical evacuation and wore at physical injuries such as gaping wounds and broken bones. Chinese forces and extreme climate could make such trips difficult for all their members to endure.

The Army Medical Corps investigated how it could best use mechanized transport to supplement IJA manpower when evacuating casualties: automobiles, trains, steamships, and airplanes. As the fighting in northeastern China continued, field sanitary battalions began to employ easily obtainable means for transporting casualties, such as horse-drawn carts and even wheelbarrows. Although such conveyances made carrying the wounded easier for medics and litter-bearers, they rarely shortened the amount of time needed to move battle casualties from place to place. On April 1, 1934, Gōda Hitoshi, the head of the Army Medical Corps, delivered an address to the Japan Medical Association (Nihon Igakkai) concerning health-related activities among the IJA forces in China since the start of the ongoing Manchurian Incident (i.e., since September 1931). During his remarkably candid presentation, Gōda hailed the mechanization of transport services for the wounded but warned that geographical conditions in northeastern China called for the greater use of such methods. For example, he suggested that the IJA develop six-wheeled vehicles and armored cars that would make it easier and safer to carry the wounded across the pitted fields and along the poor roads of Manchuria (as well as being more comfortable for men with broken and cracked bones). Gōda praised the use of airplanes to ferry the wounded from battlefields to field hospitals, which the IJA began to use in February 1932 when a two-seater medical evacuation airplane, *Patriot Number Two* (*Aikoku Dai-2-go Eisei Hikōki*), carried ten wounded officers and men from combat near Harbin to IJA medical facilities in Shinkyō (in Chinese: Changchun). By November 1933, IJA medical evacuation aircraft had conveyed 1,377 casualties, which led Gōda to conclude that airborne transport henceforth would be regarded as "a great innovation of the health services."[29]

Although the IJA had begun to use mechanized transport to a greater degree by the late 1930s, such measures did not figure into Saijō's immediate evacuation from the front. In his case, he left the casualty collection station as part of a procession of wounded men that consisted of roughly fifteen walking-wounded casualties plus an undisclosed number of men on litters, each one of which was accompanied by two pairs of litter-bearers working in alternating shifts. That is, Saijō (now on a litter) and every other prone man required four able-bodied soldiers to carry them for miles up and down the steep hills of Shanxi. During the second day of the journey, Saijō's group drew close to a firefight between IJA and Chinese forces and was targeted by Chinese artillery. The IJA medics and litter-bearers accompanying the wounded did not carry their own weapons, but they armed themselves

with the weapons of their wounded charges, which were being carried by a litter-bearer. Saijō noted that one of the litter-bearers in his retinue was hit in the arm during the bombardment.

At a Field Hospital

Grateful for the hard work of the litter-bearers, Saijō arrived at the field hospital (*yasen byōin*) in Wutai on the evening of the third day after leaving the dressing station. Like dressing stations and casualty collection stations, field hospitals were situated in secure locations convenient for receiving casualties from the front lines (in this case, the Wutai field hospital had been established in a requisitioned Buddhist temple). Their primary function was to provide injured troops with advanced field surgery, but they also supported the mission of the field medics. In the words of a 1938 Army Medical Corps manual on field surgery, "The business of a field hospital entails not only completing initial [medical] treatment [begun] in the field with surgery as the focus [of such advanced treatment] but also reducing the work of dressing stations at the onset of combat and times of heavy casualties and maintaining a mobility that responds to subsequent conditions in conjunction with the lines of communication."[30] Because of this, operating a field hospital required speed: it had to be ready at a moment's notice to meet the medical needs of combat, whether that meant sending its physicians forward into the battlefields to assist medics or contending with an extreme density of casualties.

On paper, as of late summer 1937 a typical IJA division included three or four field hospitals; depending on the deployment, the field hospitals were supported by other medical installations and facilities. For example, the IJA general staff activated the Shanghai Expeditionary Army in response to the escalated fighting in and around Shanghai in August 1937. The Shanghai Expeditionary Army eventually consisted of five divisions, each with its own Sanitary Corps overseeing the field medical services of that division. IJA field hospitals were distinct from the battalion-level sanitary corps made up of field medics. In addition to its contingent of about 1,100 field medics, the divisional Sanitary Corps of the IJA Third Division—one of the original three divisions of the Shanghai Expeditionary Army—managed four field hospitals that had a combined staff of 951 men (and 304 military horses).[31] Thus, each of the four field hospitals run by the Third Division Sanitary Corps had roughly 240 affiliated personnel. Moreover, the twelve to twenty field hospitals of the Shanghai Expeditionary Army were supported by various peripheral field medical units: six casualty collection stations, six reserve field hospitals, a rearward line-of-communication hospital, and a medical supply depot.[32]

Internally, IJA field hospitals active in China during the late 1930s were well-defined installations. To get a sense of the institutional breakdown of

a field hospital, it is useful to look at the composition of the Number One Field Hospital (Dai-1 Yasen Byōin) of the Second Guards Brigade of the IJA Imperial Guard (Konoe Dai-2 Shidan), a unit formed in 1867 to protect the Japanese emperor and imperial properties. After seeing action in northeastern China during the 1930s, the Imperial Guard was reorganized into First and Second Guards Brigades in September 1939, both of which were sent to southern China by the end of the year. When the Second Guards Brigade learned of this deployment, it mustered its Number One Field Hospital, which like all field hospitals was a wartime mobilized unit and did not appear on the Guards Brigade's peacetime table of operations. According to postwar statements from staff officers, Number One Field Hospital, which was mobilized in mid-November 1939, consisted of 225 men. Field hospital personnel were assigned to one of six administrative sections: the main office, admissions and discharge, surgery, the sick ward, the dispensary for medicine and supplies, and portage. The medical and organizational supplies of the field hospital were stored in two field hospital panniers (ten crates apiece) transported by forty draft lorries and eighty-two horses. Number One Field Hospital was also issued roughly fifty rifles intended to by carried by porters when the field hospital was in transit and required defense.[33]

It is difficult to generalize about patient traffic at IJA field hospitals in China because so much depended on contingent factors such as the duration of, intensity of, and types of weapons used in the fighting that a field hospital supported. Patient admission statistics for an unspecified Shanghai Expeditionary Army field hospital are found in an Army Medical Corps field hospital handbook dated to 1944. The source charts do not pinpoint duration, but accompanying notes state that field hospitals in Shanghai remained open for twelve days on average and that field medical services remained in operation for sixty-three days total. The figures recorded key information such as the types of wounding agents (bullet, artillery shell, etc.) and the ratio of wounded to wounded-treated-died casualties. Although the casualty density rate at this unspecified field hospital is unclear, based on available data it admitted roughly 225 men on average per day for 12 days. The field hospital admitted 2,708 wounded soldiers, out of which 186 (6.9%) died of their wounds. Within that group, 1,938 (71.6%) suffered gunshot wounds, with 113 (5.8%) of these men dying in situ during or after treatment.[34] Far fewer men—313 (11.6%) of all admitted patients with wounds—had physical injuries caused by artillery weapons because of the higher mortality rate during an artillery bombardment (32, or 10.2%, of the 313 artillery wounded admissions died). More men died at the field hospital from gunshot wounds than from shell wounds in terms of sheer numbers, but the death rate among men with artillery wounds was almost double that for gunshot injuries. If we take such figures as a guide, Saijō was fortunate to have survived the shell blast that damaged his right arm.

Medics whisked Saijō from the sick ward to surgery not long after his being admitted to the field hospital in Wutai. The operating theater, an

earthen-floored lamp-lit room, was already in use; field surgeons worked on a soldier laid out on one of the two operating tables in the room. After placing Saijō atop the other table, the medics began to unravel the bandages affixed to his right arm and left leg, causing Saijō great pain in the process because the dressings had not been changed in three days and peeling them away from the encrusted blood and matter of his wounds was no easy task. According to Saijō, "My hand injury lay slightly above the wrist, and dead flesh had fallen away to the point that white bone was visible. The area surrounding the wound had turned blue-black and swollen and pus flowed from the mouth of the wound. A disagreeable stench rose to my nose." After examining the arm, a doctor told Saijō that it had to be amputated because the wound displayed symptoms of gas gangrene; if Saijō did not lose the limb, he would soon die from septic shock. After a moment's pause, Saijō gave his assent: "Please cut it off."[35]

Army Medical Corps research published in early 1943 concluded that gas gangrene infection lay behind roughly one-third of the surgical amputations performed by IJA field surgeons since July 1937—154 out of 466 recorded amputations (111 of which were forearm amputations involving gas gangrene like that of Saijō).[36] From the hyper-attuned hygienic perspective that prevailed in Japan during the 1930s, China was considered to be dirty, even filthy—a stereotype that gained popularity in Japan after the Sino-Japanese War of the 1890s. This generalization had circulated in the medico-military and civilian print media of Japan long before the start of the Manchurian Incident. In the view of IJA medical personnel, China constituted a hot zone of bacterial infection, in part because Chinese farmers commonly used night soil to fertilize their crops.

During the 1930s and 1940s, the Army Medical Corps paid considerable attention to two diseases spread by fecal contamination: dysentery and gas gangrene. Unlike dysentery, which at the China Front usually resulted from ingesting amoebic protozoa found in befouled water, gas gangrene infection was caused by anaerobic bacteria present in manured soil. Saijō likely contracted gas gangrene when soil became implanted in his wound either after being propelled there via the shell blast that injured him or when his wound made contact with the ground. Field surgeons could halt necrosis by excising devitalized tissue, but little could be done to prevent death by septicemia should the infection enter Saijō's bloodstream. At that time, amputation presented the most assured way for IJA doctors to prevent fatal blood poisoning from such a malign infection as gas gangrene. Japanese military medicine employed antimicrobial sulfanilamide-based drugs during the 1930s and 1940s, but antibiotics remained in Allied hands after the United States introduced mass-produced penicillin to its field medical units beginning in spring 1944. Japanese attempts to synthesize penicillin during the war years met with no success.

Gas gangrene presented a formidable health issue on the battlefronts of China, not because of its frequency but because of its virulence. The infection

liquefied muscle in Saijō's right forearm within three days. *War Wounds* (*Senshō gaku*), a February 1943 manual for IJN medical personnel, directed that wounded limbs symptomatic of gas gangrene must be amputated immediately.[37] Recorded cases of gas gangrene infection may have remained relatively few among IJA forces between summer 1937 and early 1943, but research published in *Army Medical Corps Journal* in June 1937 sought to corroborate or disprove an infection rate projection that posited that 3.5% of all troops wounded in China were likely to contract gas gangrene.[38] Outside the halls of military medicine, gas gangrene floated around within the public mind widely enough for the popular science magazine *Scientific Pen* (*Kagaku pen*) to report in late 1940 that tests had been conducted to compare soil collected from Kyoto and Osaka to samples of Chinese soil. Surprisingly—at least perhaps for the Japanese reader of the day—gas gangrene–producing bacilli were found in the soil samples from Japan (in fact, such bacteria exist all over the world). The article clarified for anxious readers that gas gangrene cases were prevalent among combat casualties because gunshots and shell explosions lodged dirt deep into wounds, where anaerobic bacteria could then settle and thrive. If readers were to be concerned about anything, the article cautioned, it should be about the ceaseless toil of Japanese forces at the fighting fronts, not soil conditions at home.[39]

In China, a field surgeon promptly severed Saijō's arm. "Limb amputation is one of the most consequential treatment methods among frontline treatments for war wounds," noted the 1943 manual *War Wounds*. "Military doctors must possess at all times the necessary knowledge for amputating limbs and must learn the techniques for carrying out amputations using simple facilities and instruments no matter the location."[40] In 1939, IJA surgeons employed general (loss-of-consciousness) anesthesia for upper-limb amputations conducted at field hospitals and employed lumbar anesthesia for below-the-waist amputations.[41] Saijō underwent general anesthesia during his procedure, but by early 1943, it became standard practice to use conduction (local) anesthesia when removing arms.[42] Military doctors were instructed to amputate at the upper forearm for lower-arm injuries and at the mid-to-upper humerus for injuries in the vicinity of the elbow and higher; feet were removed just below the knee, and the entire leg was removed at the upper femur (see figure 2.5). To maximize the utility of residual stumps, Japanese military surgeons followed amputation practices advocated by Max zur Verth, a German surgeon and prosthetist.[43] The surgeon would tie a staunching band around the upper region of the limb to prevent hemorrhage and use a scalpel to cut a shallow incision around the diameter of the limb a few inches below the amputation site. The surgeon then peeled back the flesh to a point above the amputation site until enough skin was preserved for stitching over the stump of the residual limb. Using scalpels and a saw, the surgeon cut through the flesh and bone, folded the reserved

anterior and posterior skin flaps over the stump, and sutured the flesh-covered stump closed.[44] The amputation site was then swaddled in cotton bandages that were changed over the course of four to five days of observation. If any sign of residual infection appeared, the purulent areas of the stump were drained and debrided.

When Saijō awoke in the sick ward after surgery, he discovered that his right forearm had been removed at mid-humerus (i.e., a transhumeral amputation). At that moment, the ramifications of amputation began to sink in. His first thought was that his right arm felt extraordinarily light, and he

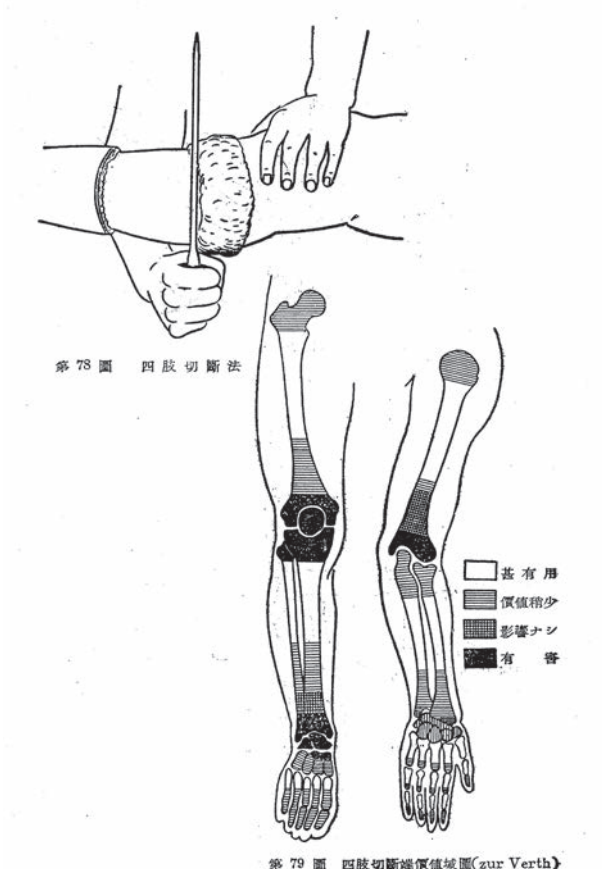

Fig 2.5. Two diagrams of amputation procedures from the IJN medical manual *War Wounds*, 1943. The upper illustration shows the preferable technique, and the lower image use shading to identify "exceedingly useful" sites (white), "negligible value" sites (horizontal shading), "no [positive] effect" sites (grid shading), and "detrimental" sites (black) for severing limbs. *Source:* "Dai-79-zu: Shishi setsudan-tan kachisei zu," in Tomita, *Senshō gaku*, 193.

then felt a deep sense of resignation when he realized that a good portion of his arm was gone. "I did not brood over the fact that I had become a cripple [*fugusha*]," Saijō noted in his memoir, but he spent a sleepless night lying in bed with his eyes silently following the surrounding bustle of the field hospital.[45] The next day, Saijō joked uneasily with a buddy who was also recuperating in the sick ward, proclaiming that he felt relieved because the amputation had saved his life, but internally Saijō could not help but think about the missing portion of his arm. At mealtime, he asked a medic about the whereabouts of the arm and if he could see it, but the medic told him that it would be best not to see the arm and, besides, it had already been buried.

Images of his severed arm rotting in the ground and being gnawed on by wild dogs took root in Saijō's mind as feelings of "compassion" for his lost limb welled up inside him. In an extended aside to the readers of his memoir, Saijō commented that amputee soldiers in the field often asked to see their missing limbs, which was possible at home-front hospitals when limbs were preserved in alcohol after being removed. Saijō then related an apocryphal account of the death of Ōmura Masujirō, the Restoration-era leader from Chōshū domain, who in July 1869 was appointed minister of military affairs within the fledgling Meiji government and became the founder of the modern Japanese Army. In October 1869, Ōmura was mortally wounded during an assassination attempt while visiting Kyoto; he was cut on his left hand, and his right knee was slashed deeply, almost to the bone. He escaped death by hiding in the wooden bathtubs of the inn. Soon afterward, Ōmura was treated at a hospital in Osaka, where in the following weeks he died of blood poisoning that resulted from his wounds being submerged in the dirty bathtub water. Saijō contended that Ōmura's foot was amputated before he died and that Ōmura requested that it be interred at Ryūkaiji Temple in Osaka's Dōshin district (a marker attesting to this burial stands at the temple to this day). In closing, Saijō placed his own desire to see his arm in comparative context by noting that such an exalted figure as "Ōmura Masujirō also felt deep affection for his amputated [limb]."[46]

Saijō's account of his post-surgery state of mind is one of only a handful of instances in *The Fighting Artificial Arm* when he expresses unease about losing his arm. A medic approached Saijō the day after the amputation and offered to write letters home for him so that he could inform his family—Saijō was married and had a six-year-old child at that time—about what had happened. Saijō accepted the medic's offer but decided not to tell anyone about the amputation, relaying only that he wounded his arm but not seriously. "That was the first time that I thought about communicating with my family about my injury" he noted before weeping vigorously.[47] Rather than dwelling on family matters at this point in his memoir, Saijō immediately turned to discussing the new daily challenges he faced, namely, tying knots, scratching itches, and eating with his left hand. Saijō's immediate concerns after becoming

an amputee centered on contending with small-scale physical challenges rather than anguishing over pending issues such as how to ensure the financial well-being of his dependents.

Saijō spent an undisclosed period of time at the Wutai field hospital, during which his health steadily improved. Around that time, IJA surgeons recommended two weeks of recuperation after surgery for patients with artillery wounds to limbs and that patients with suppurating wounds involving broken bones not be moved until infection had cleared.[48] Saijō's injured leg showed no sign of infection, and he was able to walk about unimpeded; however, as October gave way to November the evening hours became particularly tedious as new aches began to emerge. His amputation site healed, but nerve damage brought sensations of intense cold in his stump. Saijō developed a more vexing stump pathology in the form of freezing and itching phantom sensations in his missing right hand. He noted that as the days grew cooler and men began to wear two layers of clothing to combat the dropping temperatures, his missing hand felt colder that the rest of his body because, as he stated it, he was unable to put clothing on it to warm it up. Left with nothing to do to distract himself from the aches of his missing limb, Saijō joined the other sick-ward patients in sharing stories about their woundings. In a moment akin to how U.S. battle casualties now speak of their *alive day* (the day when a soldier evades death but is grievously wounded in the process), one of Saijō's wardmates related how he had been shot and rendered unconscious by Chinese soldiers, who then stripped his body and stole his gear. The patients teased the fellow, telling him that his wounding constituted a rebirth because all people are born naked. With humor characteristic of soldiers found the world over, the man grinned and responded that, if that were so, couldn't he at least have been reborn as a squad leader?[49]

The field hospital inmates in *The Fighting Artificial Arm* traded war stories but did not commiserate about their painful injuries. Moaning on an operating table in front of doctors was one thing, but publicly voicing one's aches and pains to one's peers seemed to have been a separate matter altogether. Be it a truthful representation or not, dwelling on the pain of wounded Japanese soldiers did not figure prominently in the war literature and reportage of the day. To the contrary, soldiers were usually portrayed stoically enduring all sensations of physical pain, with such fortitude cast as a marker of their "Yamato spirit." Two examples illustrate this trend. First, in the November 1937 issue of the ladies' journal *New Lady's Garden* (*Shinjoen*), Kimura Takeshi, a war correspondent, wrote, "Hails of bullets and piled-up mountains of corpses do not frighten me, but I cannot bear to see young men and hearty soldiers in blood-stained agony." Kimura, a widely read contributor to the popular press, spent the waning months of 1937 as a journalist in Shanghai, during which time he visited an unspecified IJA field hospital. "There are some things I would rather not write about in detail,"

he noted to his readers after touring the surgical ward, "but one thing that I must relate is that [our] soldiers, no matter what, never say 'it hurts' or 'I'm in pain'. Sometimes they mutter 'dammit,' but that's all."[50] And, in April 1939 *Scientific Pen* posthumously published a letter by Army Physician-Lieutenant Gotō Toshio, who had served at a field hospital at an undisclosed location in China. One evening, a truck laden with wounded soldiers arrived at the hospital for treatment; Gotō stated in his letter that "Even when looking at painfully wounded troops, you see that they clearly are Japanese soldiers; they do not groan at all, and those who are only slightly injured call out 'Send me back to the front!' once they have their wounds patched up."[51]

Some wounded men downplayed or suppressed their pains—at least as reported in the popular press—because they knew that other men's wounds were more serious than their own. Itō Takeo, an acclaimed baritone opera singer, wrote an account of his battlefield wounding in the December 1938 issue of the prominent general-interest magazine *Central Review*. Itō's mobilization notice arrived in September 1937; he reported as a corporal and was sent to Shanghai, where in early October his battalion participated in the pitched battle to cross Suzhou Creek. The following week, Itō's unit received orders to assault a Chinese position in the Zhangjiazhai (today, Zhangjiagang) district of Suzhou. Itō, who was behind the lines with staff officers, was instructed by a superior to deliver two messages to a field commander. During his second foray, Itō was caught in the blast of an exploding shell and his right hand was mangled beyond recognition: "When I looked at my hand, something resembling chicken bones protruded from it and my hand dangled loosely. Many cord-like things hung from it but my hand did not bleed much. Rather than being painful, my hand felt heavy and stressed."[52] A field medic applied a sling and tourniquet to Itō's arm before sending him to a casualty collection station. Surveying the scene of his wounded buddies, Itō determined that "I must persevere and not cause other people trouble because there are many men more seriously wounded than me."[53] Despite being gravely injured, Itō expressed grief that day only after hearing that his commanding officers had died. At the close of his essay, Itō expressed his conviction that what had happened to him was simply a reality of war. After having his arm surgically amputated and being discharged from military service, Itō gained fame as the "one-armed baritone corporal" of Japan's musical world.

Severely wounded soldiers in *The Fighting Artificial Arm* and other mass-market depictions of the front lines—Saijō included—routinely expressed feelings of remorse for not being able to return to combat. But wounded soldiers did not hold a monopoly on articulating such a regret. Rather, it was a common wartime sentiment expressed by men who had left their buddies behind in the field or whose pals or respected commanding officers had been killed in action. As Saijō's wardmates recovered from their wounds, men whose injuries had not rendered them permanently

lost-to-command spoke with anticipation about returning to their units. Saijō regarded them with "envious eyes" and felt consumed by "lonely fretfulness," even though he acknowledged that his amputated limb left him unfit for combat.[54] He contended at that point that he was not uneasy about returning home as an amputee but, instead, was upset because he could not rejoin his battalion buddies. Saijō could not shake from his thoughts images of his buddies eating cold meals and being attacked. His remorse stemmed from his belief that he was leaving his comrades in their time of need, not from having been physically mangled on the field of battle.

Certainly, some soldiers lapsed into despair after being grievously wounded. Perhaps more than losing a limb or being disfigured, IJA servicemen regarded loss of vision to be an exceptionally deplorable consequence of battle. As Itō Yoshio, a noted poet, related in the preface of a 1945 anthology of poems written by blinded soldiers, "Among war injuries, blindness is the most serious and gravest of spiritual shocks and it may be that such anguish cannot be put into words."[55] Several years earlier, a roundtable discussion by six wounded servicemen published in the May 1938 issue of *Housewife's Friend* (*Shufu no tomo*), a popular ladies' journal, presented a stark view of how being diagnosed with war blindness might be received by casualties on the front lines. Sakurai Tadayoshi, the author of the widely read Russo-Japanese War memoir *Human Bullets* (*Nikudan*, 1906) and himself an amputee veteran of that conflict (he lost an arm), moderated the conversation. During the discussion, an ex-corporal named Fukuda, one of two blinded men on the panel, spoke of the deep depression that he fell into on learning that he had lost his sight. Fukuda stated that prior to suffering a blinding gunshot wound to the face, he had often heard soldiers talk about how they would be glad to be alive if they lost a limb or two but that losing one's eyes essentially meant that a man should go ahead and take his own life. Fukuda remembered such words soon after he was injured: "When I went down to the temporary dressing station and the military doctor saw me, he told me that my eyes were ruined. This did not sit well with me. Having made up my mind not to be repatriated if blinded, I decided to cut open my belly with my saber but was not able to do so because I could not see. At that point my saber and rifle were taken from me and I was admitted to a field hospital."[56] The article in *Housewife's Friend* not only painted a written picture of Fukuda trying to kill himself but also included a line drawing of Fukuda being restrained from doing so (see figure 2.6). The loss of one's vision—or a limb, or facial features—wrested a man out of routine patterns of employment, domesticity, and engagement with society. Fear of such dislocation proved too overwhelming for some wounded soldiers, and they fell into deep despair or took their own lives.

Tales circulated during the war years of wounded soldiers (and able-bodied ones, too) receiving letters from loved ones telling them it would be better to die in battle than return home wounded. Take, for example, a field hospital

Fig 2.6. Untitled illustration by Yoshizawa Renzaburō of a blinded serviceman named Fukuda being restrained while attempting to commit suicide, 1938. *Source:* "Sakurai Tadayoshi shoshō to Miyagi Michio shi o kakonde byakue no yūshi no kōmyō zadankai," 108.

memoir written by a soldier named Ono Tomosaburō that appeared in *Lady's World* (*Fujokai*) magazine in March 1939. Ono, who was hospitalized because of a war-related illness rather than an injury, stated that his worst days spent at the hospital were those when the staff announced which patients were to be repatriated to Japan. He reckoned that "This was probably because no one wants to think that he will not recover [from his illness or injury] unless he returns home," or in other words, being sent home was a clear message that one's wounds were significant. Ono then related an experience that spoke to the strange emotions felt by soldiers regarding injury, illness, and death at the front: "A buddy of mine who entered the hospital with me received a letter from his parents that read 'Do not return home before the end of the [China Incident], even if you should die. Serve alongside your battalion. Father is praying to the gods and Buddha for your full recovery.' While looking at the letter, my buddy mumbled about how he would do whatever it takes to get

better."[57] A desire not to "disgrace the emperor" or "disgrace the family" was often given as the reason why it was better to lose one's life rather than one's limb, but thoughts of despondent or impoverished veterans of earlier wars also probably figured into the picture. Images of Russo-Japanese War veterans begging in the streets during the 1910s or grotesquely deformed amputees plucked from lurid tales such as the 1929 short story "The Caterpillar" by Edogawa Ranpo helped to fuel the heated message of *don't come back crippled*. When and if such letters were written, it is not hard to imagine that the desire not to see war-wounded loved ones undergoing hardship, whether economic privation, as was the case with Russo-Japanese War veterans, or physical or even marital suffering as depicted in "The Caterpillar," provided a concrete reason for their being penned.

Homeward Bound

The most cursory portion of Saijō's memoir concerns his subsequent medical evacuation from the Wutai field hospital to Japan. At the end of November, he and an undisclosed number of other wounded soldiers boarded three trucks and spent an entire day traveling to an unnamed military hospital located approximately 100 miles from the field hospital. Without going into detail, Saijō related that he then traveled from hospital to hospital until he arrived at an "Army hospital in Tianjin" (probably the North China Army Hospital) in mid-January 1940. In keeping with the organizational flow of IJA field medical facilities, Saijō had passed from one line-of-communication, or garrison, hospital (*heitan byōin*; a designation used for medium-size hospitals geographically situated between mobile field hospitals and immobile Army hospitals) to the next. Located in areas under IJA control, line-of-communication hospitals offered more sophisticated medical care than field hospitals but could not handle the patient capacity of larger facilities such as the North China Army Hospital. Saijō noted that daily life at the line-of-communication hospitals prior to Tianjin had the "bustling mood of the field," but that is the extent of his description of these intermediary hospitals.[58] Amputee soldiers such as Saijō—men bound for repatriation—moved progressively rearward through such installations, which also served as temporary recuperation centers for wounded soldiers slated to return to active duty once their wounds healed or their illnesses abated.

The IJA established the North China Army Hospital following the stationing of garrison forces in north China in the wake of the Boxer Uprising of 1900–1901. The IJA's Qing Garrison Army had been formed in June 1901 from IJA units participating in anti-Boxer operations since the previous summer. The Boxer Protocol of September 1901 granted the right of Japan and other members of the victorious anti-Boxer Eight-Nation Alliance to maintain troops in the vicinity of Peking and Tianjin to protect their nationals

and their interests. In October, the Japanese garrison opened a military hospital in Tianjin. The garrison was renamed the China Garrison Army following the fall of the Qing Dynasty in 1911, and its hospital in Tianjin followed suit. The hospital was renamed again in September 1938, becoming the North China Army Hospital following the August 1937 inactivation of the China Garrison Army and subsequent redistribution and reinforcement of IJA forces as the newly activated North China Army that included Saijō among its ranks.[59]

A report delivered to U.S. military surgeons at the Mayo Clinic in October 1938 by Lieutenant Colonel Leon A. Fox, a U.S. Army surgeon who had toured a Japanese military hospital in Tianjin the previous year, conveys the secrecy from external review that surrounded IJA hospitals of all types. Fox was sent to north China in May 1937 under orders to assist the 15th Infantry Division of the U.S. Army, which had been based in Tianjin since mid-1912 and remained stationed there until March 1938. The Marco Polo Bridge Incident of July 1937 took place while Fox was in transit from Manila to the port city of Qinhuangdao, located roughly 150 miles from Tianjin. Fox noted that IJA military activity in the vicinity of Tianjin began to increase in late July during the weeks after his arrival and that "A medical officer suddenly dumped into the center of a war very naturally tried to appoint himself a military observer."[60] Even though he had been instructed by IJA regional commanders not to photograph any Japanese military installations, Fox was determined to meet with IJA medical authorities in Tianjin, and on October 12, he met with Lieutenant General Miki Yoshihide, whom Fox identified as the commanding officer in charge of IJA medical activities in north China.[61] At that meeting, Miki discussed IJA immunization policies, treatment of gas gangrene, and hospitalization and evacuation procedures for servicemen rendered injured or ill in north China. According to Fox, "it was easy to see that they were following a very systematic procedure of removing all serious cases that could be transported to the rear areas."[62]

At the close of the interview, Miki invited Fox and the entire Medical Staff of the 15th Infantry Division to visit some IJA hospitals. When Fox told his commanding officers about the invitation, they were incredulous:

> I informed our line officers that I had arranged for my medical staff to inspect the Japanese Medical installations. They gave me the Ha! Ha! and considered it a real joke. They assured me that I would be met with much courtesy and bowing, shown into a sitting room where we would meet a large number of Japanese officers. We would be served tea and cigarettes and that we would find our hosts willing to drink tea and smoke as long as we cared to remain, and that we would then be very courteously bowed out.

But Fox and his staff received more than just a polite "bowing out." On October 14, they toured not one but two hospitals: first, a temporary general

hospital that had been established in a commandeered school and, then, a communicable disease hospital. The visitors were "extremely favorably impressed" with the general hospital, which was "a marvel of cleanliness and order" in which "the wards were properly sorted and classified and in the opinion of our officers were receiving the best possible care from an exceptionally adequate personnel." Fox prefaced his observations by stating, "In fact, whenever I describe in detail the things observed I am accused of being pro-Japanese. I assure you that this is not correct but I am not blinded by a cataract of prejudice and if I had been inspecting the hospital in an official capacity I would have rated it superior." He was particularly impressed that the IJA medical staff collected information for future use, especially the fact that gas gangrene cases were meticulously photographed with noteworthy anatomical specimens (i.e., amputated limbs) being preserved along with detailed case studies. The facilities and practices at the communicable disease hospital also left Fox with a laudatory view of the IJA medical system. "Again, I assure you that I am not pro-Japanese; my affection is adequately satisfied with Uncle Sam, but I am not too prejudiced or blind to appreciate an excellent medical service," reiterated Fox. "We left our very kind hosts late that afternoon with a very high regard for the Japanese Medical Department."[63] Fox lamented that he did not have a chance to observe field medical installations such as field hospitals, but he learned from local reports that IJA field medical units resembled their U.S. counterparts with the exception that the IJA employed more litter-bearers at the battalion level than did the U.S. Army. This is in line with the IJA preference for stationing lower-rank medical personnel on the front lines rather than military doctors or surgeons.

Both Saijō the patient and Fox the visitor commented about an eye-catching feature of IJA medical facilities in Tianjin: female nurses. "I saw female nurses for the first time at the Tianjin hospital," Saijō stated tersely.[64] Fox was more ebullient in his remarks: "I have never in any hospital observed such a plethora of nurses and orderlies," he commented, noting that "every serious case in the hospital appeared to have a special nurse." When Fox told his commanding officers about this during an after-action brief, they cynically replied that he had been fooled by a number of Japanese "Geisha girls" who had been dressed up as nurses during his visit. "Gentlemen, I don't know much about Geisha girls," Fox asserted during his presentation at the Mayo Clinic, "but after thirty years around hospitals I do know nurses, and I was surprised at the remarkable care their patients were receiving in an extemporized hospital."[65]

The Japan Red Cross Society (Nihon Sekijūjisha) regularly sent female nurses to overseas military medical facilities during the war years. The organization was formally established in May 1887 when the Hakuaisha (Comfort Society), a voluntary medical relief organization formed during the Southwest War of 1877 was reorganized into the Japan Red Cross

Society following the signing of the First Geneva Convention by Japan and its formal affiliation with the International Committee of the Red Cross in June 1886.[66] The Japan Red Cross mobilized aid squads for domestic missions following natural disasters such as the 1888 eruption of Mt. Bandai in Fukushima Prefecture and deployed squads overseas during the Sino-Japanese War.[67] The organization fell under the jurisdiction of the Japanese military when the army minister and navy minister became its directors via Imperial Order 223 (Chokurei dai-223-go) of December 2, 1901. Subsequent imperial decrees and army general orders increasingly subjugated the society to military control over the course of the next thirty years. Army Order 3784 (Rikufu dai-3784-go) of June 16, 1932, established that Japan Red Cross–trained aidmen—in fact, mainly aidwomen—were to be used for patient convoy duty at army hospitals, or in other words, patient movement to and from battlefronts.[68] Operating under the authority of the Army Ministry, Japan Red Cross aid squads worked at domestic and overseas army hospitals and on hospital ships up to—and in some cases beyond—the point of Japan's defeat in August 1945.[69] Japan Red Cross nurses played active roles in the day-to-day management of rearward IJA medical facilities as more and more enlisted male nurse orderlies moved frontward to work at dressing stations and field hospitals. As a general policy, Japan Red Cross nurses were not stationed at battlefields, but this guideline became difficult to follow during military campaigns such as the Second Shanghai Incident of 1937, in which armed combat did not heed the sanctity of purported buffer and neutral zones. Japanese popular culture played up the idea of female nurses being active in the field even though Japan Red Cross nurses were increasingly relegated to IJA and Japan Red Cross hospital ships as the war wore on.

Japan Red Cross nurses brought a sense of comfort to wounded soldiers that male nurse orderlies did not provide, and servicemen were eager to see female nurses. During a roundtable discussion held by eleven Japan Red Cross nurses published in the ladies' journal *Lady's Review* (*Fujin kōron*) in December 1938, Kosaka Kiyo recalled that when she visited a Shanghai field hospital the patients without combat injuries cajoled her for stopping at the ward reserved for wounded soldiers rather than nonsurgical patients like themselves.[70] Despite such teasing, Japan Red Cross nurses remained keenly aware of the solace that they brought no matter how limited or derisory the care they gave may have seemed. Nakayama Satsuki related that

> With those [casualties] who had undergone amputations, they said that the soles of their feet itched even though their feet were gone, and that their thighs itched even though their thighs were no more. "Yes, yes," I'd say, and scratch at the air. "How is that?" I would ask, and they would respond, "Yes, that hits the spot perfectly." Even though they had no feet, and even though they were now cleanly amputated, when I heard that the soles of their feet itched my tears would come welling up.[71]

Between July 1937 and August 1945, the Japan Red Cross assembled 960 aid squads with a total mobilization force of 33,156 personnel.[72] Nurses did more than scratch phantom limbs; they worked hard to bring Japanese boys and men back home from a grueling front.

Japan Red Cross nurses stationed in Tianjin may have brought a measure of relief to Saijō, but he clearly felt discomforted by the attendants and well-wishing visitors who bustled in and out of the hospital. By that time, Saijō's arm and leg had healed, and his bandages had been removed. He noted in his memoir that when visiting nonmedical personnel encountered him in the hospital corridors they would glance at his empty hanging right sleeve out of the corners of their eyes and hurry past him. For Saijō, these were sobering moments during which "Even I, who up to that moment had forgotten because of the hurriedness of my surroundings, without knowing why recalled the loneliness of my injured body and thought of the future, which keenly weighed over my heart."[73] It was during his stay in Tianjin that Saijō wrote and told his family about his amputated right arm, assuring them that he was in good health. Now being regarded by nonmilitary and nonmedical gazes for the first time, Saijō admitted to contemplating more seriously the ramifications of his injury and what it would mean for himself and his family following his discharge from military service.

Saijō spent roughly two weeks at the Tianjin army hospital before boarding a hospital ship (*byōinsen*) bound for Japan in early February 1940 (see figure 2.7). Japan first employed hospital ships during the Sino-Japanese War when its military had to ferry wounded and ill soldiers from northeastern continental Asia back to domestic medical facilities. Not possessing appropriate transportation vessels for medical patients, the IJA commandeered the private cargo ship *Tagoura Maru* in July 1894 to serve as a wartime medical transport ship.[74] In January 1895, the IJA employed the cargo ship *Takasago Maru* for hospital ship duty as well. The IJN began transporting casualties when it requisitioned the passenger ship *Kobe Maru* from the private company Japan Mail Shipping Line later during that war.[75] IJN battleships and transports began to carry medical personnel and to offer medical treatment, with Japan Red Cross Society nurses working on these ships. The Japan Red Cross wanted its own medical transports, but maintaining ships during peacetime would have required high expenditures. To avoid such costs, the organization struck a deal with Japan Mail in August 1897 in which the Japan Red Cross arranged for the construction of ships and then leased them to Japan Mail for use as passenger ships during peacetime; should war break out, the ships would be returned to the Japan Red Cross to be used as hospital ships. In 1898, the Japan Red Cross ordered two ships from Scottish shipbuilder Lobnitz and Co., which delivered the ships the following year. Christened *Kōsai Maru* and *Hakuai Maru*, both vessels were first used as hospital ships during the Boxer Rebellion and remained afloat as alternately passenger and hospital ships until they were sunk in August 1942 and June 1945, respectively, during the Asia-Pacific War.[76]

Fig 2.7. Photograph of IJA medical evacuees in China being carried aboard a hospital ship bound for Japan, undated (early 1930s). *Source:* Rikugun Gun'i Gakkō, *Rikugun Gun'i Gakkō 50-nen shi*, n.p.

The IJA and the IJN maintained the practice of commandeering private ships and using them as medical transports from overseas battlefronts to the Japanese home front. The *Kobe Maru* was appropriated by the IJN once again during the Russo-Japanese War, and the Japan Mail passenger ship *Yawata Maru* was taken over by the IJN during the attack on German-held Qingdao at the start of the First World War for similar purposes. This trend continued into the 1930s, when the IJN used the private vessel *Kasato Maru* to transport wounded troops during the First Shanghai Incident of January–March 1932.[77] Soon after the Marco Polo Bridge Incident, the IJN decided in August 1937 to augment its seaborne medical facilities by transforming its special-duty ship *Muroto* (briefly used as a medical transport during the early 1930s) from a collier into a permanent floating hospital. The IJN created a second floating hospital soon afterward when it seized the *Asahi Maru* from the private Maritime Mail Shipping Line and converted it into a ship designed for medical care. Other private vessels, including the passenger ship *Tachibana Maru* owned by Tokyo Steamer Shipping Line and the passenger and cargo ship *Muro Maru* operated by Osaka Merchant Ship Line, also soon became IJN floating hospitals.[78]

The IJN's floating hospitals differed in many ways from the hospital (transport) ships used by the IJA, IJN, and the Japan Red Cross Society during the 1930s and 1940s. Private vessels used as hospital transport ships—including

Japan Red Cross ships—were stark white and bore large red crosses painted laterally on their hulls and smokestacks, whereas IJN floating hospitals were white with green crosses; all flew not only the Japanese flag but also the flag of the International Red Cross Society (a red cross on a white field).[79] All these ships were used to transport patients to Japan from Chinese port cities such as Shanghai and Qingdao, but the IJN's floating hospitals, which were designed to spend prolonged periods at sea, contained specialized medical care facilities and features and were meant to be used as treatment centers first and troop transports second. Hayakawa Seiji, an officer in the IJN, enumerated the facilities of IJN floating hospitals in an article published in the science-centered magazine *Scientific Knowledge* (*Kagaku chishiki*) in July 1938: private quarters for severely injured patients (and officers); dedicated sick bays with hanging berths for medical, surgical, and infectious patients; and specialized compartments that served as surgical wards, X-ray facilities, medical and health examination rooms, pharmacies, laundry facilities, and morgues. With regard to shipboard staff, a major difference between the IJN floating hospitals and the medical transports and evacuation ships used by the IJA and the Japan Red Cross is that IJN ships did not employ Red Cross nurses but solely relied on navy medical personnel.[80]

A brief record of the transport activities of an unnamed IJN special-duty ship that had been converted into a floating hospital—quite likely the *Muroto*—appears in the August 1938 issue of *Army Medical Corps Journal*. The ship first put to sea at Sasebo on August 16, 1937, and arrived at Shanghai two days later; there it collected 256 wounded patients and conveyed them back to Sasebo. By the end of the year, the ship had traveled twelve more times between Shanghai and Sasebo as well as the ports of Kure and Ujina located near Hiroshima. In early 1938, the ship was dispatched to Qingdao and returned to Japan twice with medical evacuees. The report written by five navy medical officers details the disposition and number of wounding cases among IJA and IJN servicemen repatriated to Japan between August 1937 and February 1938.[81] Ship personnel treated 2,174 cases of injury among IJA servicemen and 1,039 cases among IJN sailors; for both groups, perforating gunshot wounds constituted the most injuries: 910 cases (41.86%) for IJA patients and 175 cases (16.84%) for IJN patients. In contrast, the number of amputations was slight: just three cases (0.14%) for the IJA and four cases (0.38%) for the IJN (the figures do not distinguish between traumatic and surgical amputations). The report divulges the wide variety of injuries treated on the ship—roughly thirty types of injuries arranged according to body site, from hand grenade to hand-to-hand combat injuries—but does not relate how many servicemen had become lost-to-command as opposed to being sent to Japan for short-term medical treatment before returning to the front.

Saijō left north China via a hospital ship bound for Japan. The journey would have lasted between two to four days, depending on weather conditions

and the time needed to complete the departure and arrival procedures. He probably boarded the ship at Qinhuangdao because, as Fox mentioned in his report about IJA medical facilities in Tianjin, "Some [IJA] casualties left China through the port at Taku [Dagu] but the majority were evacuated on excellent hospital ships that put in at the port of Chinwangtao [Qinhuangdao]."[82] Saijō was mum about the experience of being repatriated to Japan via ship. He made no mention of how he got from Tianjin to the ship, whether the ship was an IJA or IJN hospital ship or an IJN floating hospital (he did not state whether Japan Red Cross Society nurses were onboard), or any features of his routine or care during the voyage to Japan. Years later, Okada Teiko, a war correspondent, called IJA hospital transports "ships of joy" because they reunited Japanese wounded servicemen with the beloved natural environment, food, voices, and faces of the land where they had been born.[83] What we do know about Saijō's journey home was that it was a wistful rather than a cheerful experience for him. "Had this been a triumphant return alongside my war buddies, then I wonder how much my heart would have been filled with joy," he related. "But now, I transferred to the hospital ship with a lonely heart."[84]

Returning home conjured a welter of emotions among Japan's war-wounded servicemen. After his repatriation, the thoughts of Okano Kamematsu, one of the two combat amputees who appear at the start of this chapter, turned toward the front from time to time: "Whenever I look at a map of China, I think to myself, *my foot is probably buried somewhere around here*, and then I mark the spot with a pencil . . . that good ol' foot of mine. . . ."[85] Saijō, who earlier had despaired of his amputated arm being dug up and consumed by dogs, may have found himself pining for his lost limb as the hospital ship churned its way homeward. He clearly thought about the friends he was leaving behind in China. As he watched the shoreline recede into the distance as the ship pulled away, Saijō pondered, "I wonder where my war buddies, covered in ice and snow, are advancing towards now? And, what of the heroic souls of my buddies that sleep alone in the shadows of rocky mountains?"[86] Saijō's concern was not for his future life in Japan but, rather, the present circumstances of his living and dead comrades at the front. In this way, the "ships of joy" embodied melancholy departures for many of their passengers. On one occasion, Kosaka, the Japan Red Cross nurse, scolded three uninjured patients aboard a hospital ship who bemoaned the fact that they were returning home as ill rather than wounded men. "It just won't do to think that way," she told them. "It's regrettable that you all are sick, but can't you be sent back to the front once you recover?" Chastened, the three men replied, "That's right," and their demeanor brightened.[87] As Saijō told it, during his own voyage home all he did was stand on deck and silently stare back across the sea toward China.

The Last Leg of the Journey

The hospital ship that carried Saijō homeward navigated the Tsushima Strait and slipped through the Straits of Shimonoseki separating the main Japanese islands of Honshū and Kyūshū. Within the Inland Sea, the ship hewed close to the Honshū coastline and eventually wound its way between the islands of Etajima and Miyajima. Although *The Fighting Artificial Arm* does not reveal the specific destination of the ship, Saijō commented on passing the small island of Ninoshima, which indicates that he disembarked at Hiroshima, a major transport hub for servicemen moving to and from the continent, rather than at the IJN port at nearby Kure.[88]

Once ashore, Saijō was admitted to an unspecified hospital in Hiroshima—most likely Hiroshima Army Hospital. The network of domestic (zone-of-the-interior) Japanese military hospitals dates to the Meiji Period, and its history reflects the evolution of the modern Japanese military system. In May 1888, IJA medical facilities of various types and sizes were designated as garrison hospitals (*eiju byōin*) in recognition of the fact that they serviced discrete IJA garrison districts. The label applied to large hospitals located at regional IJA division headquarters as well as small hospitals at the local headquarters of IJA infantry regiments.[89] In mid-1936, the Japanese military leadership revised the national defense policy, including expanding IJA and IJN force strength, and in November 1936, the IJA reconfigured its divisional army structure.[90] That same month, the IJA renamed its garrison hospitals army hospitals (*rikugun byōin*) via Imperial Order 387 (Chokurei dai-247-go), also known as the Army Hospital Order (Rikugun byōin rei). As of September 1937, there were eighty army hospitals—fourteen of them overseas—and nineteen branch institutions affiliated with them. In July 1940, a few months after Saijō's homecoming, army hospitals were further distanced from the older garrison hospital system when a revised version of the Army Hospital Order stated that, if there were two or more hospitals in an IJA divisional district, those facilities would admit patients as directed by the army minister (in other words, according to need rather than strict adherence to divisional lines).[91] In actuality, army hospitals—and navy hospitals (*kaigun byōin*)—located at military ports such as Hiroshima and Kure had already been treating Japanese sailors and soldiers regardless of organizational unit because servicemen from many divisions flowed in and out of these cities.

The Hiroshima Army Hospital was a reception hospital (*shūyō byōin*), or first-tier hospital, for military men returning home from abroad; the chief function of these hospitals was to classify repatriated patients for transfer and treatment at army hospitals located throughout Japan proper (the army hospitals at Kokura and Osaka also served as reception hospitals). Patients with minor injuries were sent to third-tier hospitals located in the

geographical vicinity of their home units; patients with major injuries were sent to second-tier hospitals in a similar fashion; and patients requiring specific or intensive treatments, including patients needing prostheses, were sent to one of a handful of provisional (*rinji*) army hospitals, including the Army Medical School in Tokyo. Patients at second- and third-tier hospitals returned to their original units after they were cured or their wounds healed, whereas patients at provisional hospitals, who were expected to be either cured following prolonged rehabilitation or discharged from military service because of their ailments, remained at such facilities for the duration of their convalescence or until their conditions stabilized.[92]

Reunions between the repatriated casualties and their families often took place at reception hospitals and other coastal military hospitals. In November 1937, *Ladies' Club* (*Fujin kurabu*) magazine conveyed to its readers the atmosphere at a naval hospital. Motono Hisako, the seventy-year-old president of the Aikoku Fujinkai, recounted her September 1937 visit to Yokosuka Naval Hospital, located south of Tokyo, which was then ministering to IJN landing troops who had been wounded in Shanghai during the previous month.[93] To be sure, Motono's position as head of the Aikoku Fujinkai practically guaranteed that her portrayal of the hospital would be upbeat. On being ushered into a sick ward, Motono noticed that "here and there the sight of grandmothers bent over at the hips and young women carrying babies met my eyes" and "for whatever reason, my heart warmed when I saw the rugged honesty of those rustic figures." She also found that "beautiful flowers were arranged in each and every room and a sense of freshness filled the air. . . . White-robed heroes were sitting up in beds made with snow-white linens. I breathed a sigh of relief upon encountering such unexpectedly cheery conditions." When it came to the mind-set of patients, she reported that

> As expected, they were brave Japanese servicemen. Even though they bore heavy wounds such as smashed faces, gouged-out chests, and wrenched arms and legs, they all had bright, cheery countenances. Here was none of that dismal mood found at [civilian] hospitals. When asked, "Are you in pain?" everyone said "no," shook their heads firmly, and replied in unison "More than that, we regret being laid up in bed here. We are eager to return to the front sooner and avenge our buddies' deaths." Ah, the magnificent spirit of servicemen![94]

At military hospitals such as Hiroshima Army Hospital and Yokosuka Naval Hospital, servicemen and their kin put forth brave faces as loved ones assessed the wounded bodies for the first time.

Saijō and his family reunited during his stay at Hiroshima Army Hospital. Within three days of being admitted, Saijō received a letter from his wife that expressed happiness about his safe return home but also informed him

that his mother had passed away ten days earlier. This news distressed Saijō, who stated in his memoir that being reunited with his mother would have been greater than the thrill he felt when he laid his eyes once again on his beloved homeland.[95] The next week, Saijō's wife (unnamed) and six-year-old child (of unspecified gender) visited him at the hospital. His wife greeted him with "unbounded joy"; then her eyes flitted down to the dangling right sleeve of his hospital robe, and her words caught in her throat. Saijō hugged his child, noting that the child's reception of him was awkward—in his view—because the two of them had not seen each other for three years. Even though the conversation ranged among serious topics such as his wounding and the death of his mother, seeing his wife filled Saijō with happiness and brightened his spirit.

Saijō spent half a month at Hiroshima Army Hospital before being sent in late February 1940 to Provisional Tokyo Number Three Army Hospital to be fitted and familiarized with an artificial arm. Saijō left Hiroshima by rail as a member of a group of twenty transfer patients, all wearing white hospital robes and military caps that publicly identified them as wounded servicemen. While waiting at the Hiroshima train station, Saijō caught a glimpse of an elderly woman from the countryside who stood on the opposite train platform, facing him and his fellows with her head bowed and her hands pressed together in front of her as if she was praying. Unnerved, Saijō averted his eyes and sat down on a nearby bench. At that moment, the train to Tokyo arrived and Saijō boarded, taking a seat. He could not get the image of the old woman out of his head. He thought to himself, *what did we do to warrant such regard? Do we really deserve such attention? All we did was run about on the battlefield just as anyone would have done. We're nothing more than ordinary wounded soldiers!* The more Saijō thought about the woman, the more distracted he became. He acknowledged that being wounded at times invested servicemen with feelings of "manly pride," which often comforted them, but, he wondered, were the "pathetic injured figures" of himself and his colleagues also noble in some way? "There was no fame or fortune under falling bullets," he ruminated, during which "body and family were forgotten" and "life and death stood above all else."[96]

According to his memoir, Saijō's thoughts turned once again to the front lines. His soul, he concluded, had been washed clean via combat, along with those of the wounded men with him. War, Saijō determined, had a purifying effect on men: "The buzz of bullets grazing overhead and the boom of shells exploding all around completely cleared away the worldly concerns in our hearts." Then, Saijō reached an epiphany about how he and other wounded servicemen ought to have reacted to the praying woman. "I thought about it," Saijō recalled, "and realized that we must embrace these souls of ours that had been cleansed in a rain of bullets and adopt a similarly reverential demeanor. Aside from that, it seems there is no other way for us to respond."[97] In fact, the Japanese home front, as we will see in later

chapters, had developed many new ways to express reverential thanks to wounded servicemen such as Saijō

The next morning, the train chugged through Kobe and Osaka, and at both cities, Saijō was greeted by relatives who had come to wish him well. Later that day, when the train arrived in his hometown of Kyoto, Saijō had time to step down onto the station platform where "a group of people noticed my white robes and gathered around me": his wife and child plus other relatives and some acquaintances. After a few minutes of conversation while the train idled, Saijō proceeded onward toward Tokyo. Saijō shared with his travel companions the sweets and fruit given to him in Kyoto, but despite the cheer of the moment, "loneliness clotted the depths of my heart" as he thought of his mother and how she had not been at the station to greet him. Hours later, the train rushed past Mt. Fuji, the sight of which brought patriotic stirrings to Saijō. That evening, he and his colleagues changed trains at Odawara for the final stretch of their journey to Tokyo Number Three and the next stage of their transformation from wounded soldiers into disabled veterans.[98]

3

Comprehensive Care behind the Guns

The Imperial Household Ministry scheduled an uncommon event when it accepted an invitation from the Army Ministry for Emperor Hirohito to tour one of the largest military hospitals located on the Japanese home front (*jūgo*, literally, "behind the guns"). During his March 14, 1939, outing to Provisional Tokyo Number Three Army Hospital (Rinji Tōkyō Dai-3 Rikugun Byōin), located on the outskirts of the capital, Emperor Hirohito saw how the IJA tended to the physical, vocational, and mental well-being of soldiers whose injuries had left them with ambulatory and motor-skill handicaps. Hirohito observed how men learned to use artificial arms and legs that had been bestowed upon them as imperial gifts as he toured the treatment rooms, workshops, and living spaces where amputees and other wounded soldiers practiced "self-rehabilitation." The "jeweled stride" of Emperor Hirohito through the hospital hallways echoed the decades-earlier footsteps of his grandfather—the Meiji emperor—who visited injured servicemen during the Sino-Japanese and Russo-Japanese wars of the late Meiji Period, but Hirohito's visit was an atypical excursion for a ruler whose consolation trips to military casualties were paid most often to the "heroic spirits" venerated at Tokyo's Yasukuni Shrine to the military dead. The Imperial Household Ministry took a chance when it sent the emperor to console war-wounded men, but the visit took place without a hitch.[1] Patients lined the walls of the corridors traveled by the emperor, and according to an official account of the visit, "all of the wounded soldiers forgot the pains in their feet and aches in their hips and properly shed tears of gratitude" as Emperor Hirohito strolled past them.[2]

Seven months later, in October 1939 (the same month as Private First-Class Saijō's wounding in north China) Physician-Corporal Kamata Mitsugi described to Emperor Hirohito's subjects the fundamentals of IJA

medical treatment for war-wounded men. Kamata, head of the Medical Section of the Army Medical Services Bureau, presented in the general-interest magazine *Oratory* (*Yūben*) the gist of a radio address delivered one year earlier by Koizumi Chikahiko, then IJA surgeon-general and director of the Army Medical Services Bureau. Koizumi had taken to the airwaves in November 1938 to answer a question said to be in the public mind: What does the IJA do with its injured and sick soldiers? Channeling his commanding officer, Kamata mapped out the echelons of IJA medical care from field medics to hospital ships, which he characterized as a chainlike system providing "medical treatment without regrets." Patients requiring advanced treatment were repatriated, classified according to their medical conditions, and treated in diversified medical facilities—including general army hospitals—whose aim was returning healthy men to their posts. Servicemen with debilitating or disabling injuries, he noted, were admitted to provisional army hospitals for rest prior to being returned to the front or discharged from military service.[3]

Provisional army hospitals consisted of a handful of domestic hospitals set aside for servicemen needing specialized treatment for serious war injuries. After being sorted at domestic reception hospitals such as Hiroshima Army Hospital, patients who required advanced surgery or intensive medical care were sent to either the Army Medical School in Tokyo or Provisional Tokyo Number One Army Hospital (Rinji Tōkyō Dai-1 Rikugun Byōin; henceforth, Tokyo Number One). Patients with severe orthopedic injuries went to Provisional Tokyo Number Three Army Hospital (henceforth, Tokyo Number Three) to undergo physical therapy and be fitted with artificial limbs.[4] Patients were transferred from one hospital to another as needed; a soldier whose arm was amputated at the Army Medical School, for instance, would later be sent to Tokyo Number Three for rest and physical therapy as his residual stump healed and strengthened. In fact, the staff of Tokyo Number Three played an integral role in devising a new functional prosthesis that upper-limb amputees learned to manipulate as part of their overall rehabilitation. Akin to all IJA medical facilities, military discipline prevailed at provisional army hospitals; patients were effectively under orders to undergo medical treatment as they followed routines structured by the daily rituals of barracks life. When many patients left Tokyo Number Three, they also left behind active-duty military service to rejoin civilian society, unlike men at general army hospitals who usually returned to their military units upon medical discharge.

Emperor Hirohito visited Tokyo Number Three one year after its March 1938 opening, taking with him an entourage that included Home Minister Kido Kōichi, Lord Keeper of the Privy Seal Yuasa Kurahei, and Usami Okiie, the emperor's aide-de-camp. Emperor Hirohito was welcomed at Tokyo Number Three and spent an hour touring the grounds with Hospital Director Yoshiue Seiitsu, Army Minister Itagaki Seishirō, IJA Surgeon-General Miki

Yoshihide (the host of Lieutenant Colonel Leon A. Fox, U.S. Army surgeon, during his visit to IJA medical facilities in north China in October 1938), and Governor Ōmura Seiichi of Kanagawa Prefecture. An account of the emperor's visit appeared in *Army Medical Corps Journal* in late June 1939, and a commemorative album of photographs of the hospital was issued in conjunction with the visit.[5] Yoshiue's first official act as host was to convey to Emperor Hirohito the overall mission of Tokyo Number Three. He explained that the facility housed two types of inmates: recuperating patients and patients who faced eminent exemption from military duty because of their injuries. Patients in the first group, he noted, were being treated with the purpose of sending them back up the line to their combat units once their ailments had fully healed, whereas patients in the second group received therapy deemed essential for their social and economic protection after they left military service. On arrival, wounded soldiers underwent diagnostic examinations to assess the disposition and extent of any lost or diminished physical abilities, the results of which helped to determine the individualized treatment plan designed to surmount their functional impediment(s) as well as to develop new physical abilities while strengthening their bodies.[6]

Yoshiue's remarks to Emperor Hirohito made two key points about Tokyo Number Three. The first was that, despite its official name, the hospital was primarily a convalescent care and rehabilitation facility, not a general hospital; in other words, that its patients were admitted not to undergo medical or surgical procedures but, rather, to recuperate from injuries and receive post-medical or post-surgical physiotherapeutic treatment. The same point was made in Saijō's October 1941 memoir *The Fighting Artificial Arm* when Saijō (who lived at Tokyo Number Three from late February 1940 until early 1941) states that "[The men] at Tokyo Number Three—individuals whose injuries had already healed but left behind functional impediments, or who needed assistive devices, or who needed artificial limbs—had been sent there from Army hospitals located throughout the country."[7] As Saijō pointed out, at Tokyo Number Three "no one constantly groaned in agony like at the hospitals we [wounded soldiers] had passed through up until now; we rarely saw blood-soaked bandages, and there were no gloomy people."[8] Patients entered Tokyo Number Three for recovery and rehabilitation, not for amputations or operations, even though peripheral issues or complications may have required men to receive supplemental medical treatments while at the hospital.

The second point in Yoshiue's remarks, and one bolstered by Kamata's comments about the IJA medical system, concerns the commitment made by the military to provide its casualties with comprehensive care. Tokyo Number Three and its staff used physical therapy, vocational training, and spiritual rehabilitation as intertwined measures for preparing seriously injured men for social and economic success after they left military service. Yoshiue informed the emperor that the hospital employed applied medical treatment

that involved a variety of assistive devices, light and heat treatments, and exercises chosen to recover functional abilities and increase physical strength. During the course of the emperor's visit, hospital staff and the patients themselves demonstrated elements of the physical exercise regimen that helped patients to improve their physical abilities.

With regards to inmates who would have difficulty returning to their preconscription line of employment after military discharge, counselors assisted them in selecting an "appropriate occupation" based on their physical conditions and household circumstances. As such, Tokyo Number Three provided patients with vocational preparation education. According to Yoshiue, physical therapy and vocational training helped patients to overcome the "spiritual wounds" caused by being injured and consequently raised their morale. Yoshiue concluded his welcome address by informing the emperor that ×× patients[9] had been discharged from Tokyo Number Three since it opened and that the employment rate of former patients stood at 80%.[10] As such, the hospital was regarded as successful at its work because of the high percentage of former patients who found jobs after leaving its wards. For patients planning to leave their military days behind them, Tokyo Number Three served as a crucible for transforming dependent, broken soldiers into self-sufficient, reinvigorated veterans. This is not to say that the former patients of Tokyo Number Three and Japan's other provisional army hospitals were able to overcome all their impairments and hurdles, but the IJA sought to return them to civilian society with as few lingering handicaps as possible. In this chapter, I examine the program of comprehensive care for amputee servicemen set up "behind the guns" at Tokyo Number Three. Many of the social welfare concerns in this chapter will be raised again in subsequent chapters; here I focus on the experiences of the wounded soldiers prior to their service discharge and simultaneous rebirth as disabled veterans. Saijō, the war amputee, inaugurated our soldier-to-civilian tour of IJA medical care via his memoir *The Fighting Artificial Arm*; here, he continues it.

Sagamihara and Tokyo Number Three

Saijō's initial reaction when he and his travel companions stepped down from the train at the Odakyū line's Sagamihara Station in late February 1940 was that they were in the middle of nowhere. Aside from ten nearby houses, the station stood in what Saijō deemed to be a "deserted field" that lacked any building resembling a hospital.[11] In a sense, Saijō's initial assessment was on the mark. Although not visible from the station, tucked away in the woodlands of Sagami Plain, an alluvial terrace in the mountainous northwestern region of Kanagawa, was Japan's "military capital" of Sagamihara. Roughly 25 miles west of Tokyo, Sagamihara hosted seven

active IJA installations at the time of Saijō's arrival: the Military Academy and its sprawling drill grounds, Tokyo Number Three, the Sagami Army Arsenal, the Army Weapons School, the First Telegraph Regiment, and the Army Communications School. During the next three years, Sagamihara Army Hospital and the Army Armored Vehicle Maintenance School joined these seven installations.[12]

The emergence of Sagamihara as a military center had begun in late summer 1936 when the Military Academy acquired land in the rural Sagami Plain for a new campus and drill grounds. The Military Academy dated to 1874 and in January 1875 had been established in the Ichigaya district of Tokyo on the grounds of a former daimyo estate.[13] Sixty years later, the academy had outgrown the capacities of its Tokyo campus and needed to relocate to a site that provided sufficient room for practice drills and an increased student body. The academy sought a new campus that could accommodate imperial reviews of cadets, was near Mt. Fuji, provided ample water and similar resources, could be managed economically, and could be ready by April 1937.[14] Following two months of negotiations with four local villages in late June 1936, the academy procured a large tract of land for the main campus and for the parade and drill grounds, the total size of which grew slightly during the next few years as adjoining plots of land were added.[15] The site was ideal because the region was sparsely populated, convenient to Tokyo, featured level terrain and ample resources, and offered views of Mt. Fuji. Construction began on October 26, 1936, and although students transferred from Tokyo to the new campus on September 30, 1937, the facility was not completed by the desired date.[16] On December 20, 1937, Emperor Hirohito attended the first commencement exercises held at the Sagamihara campus and christened the Military Academy with the auspicious name Sōbudai.[17]

At about the same time, the government established new munitions facilities in Sagami Plain. After placing the country on a wartime footing in summer 1937 for the China Incident, the state began to disperse strategic industry into the countryside and war munitions plants appeared throughout Japan. In August 1937, the Army Ministry decided to relocate its central Army Arsenal and the Army Weapons School from Tokyo to the outskirts of the city. That December, the Army Ministry began to build a new arsenal in Sagamihara on land that had been acquired from local villages and lay adjacent to the Military Academy drill grounds. Ultimately, this land housed both the Sagami Army Arsenal and the Army Weapons School, which opened in August and October 1938.[18] The year 1938 thus saw considerable activity in Sagami Plain as IJA construction sites rose one after another and brought considerable infrastructural growth and a booming population to the region. Development continued apace during Saijō's stay at Tokyo Number Three. In July 1940, Kanagawa Prefecture authorities began to investigate the possibility of rezoning the Sagami Plain to create a new administrative unit, and in April 1941, two towns and six villages merged to form the town of

Sagamihara. Consisting of roughly 46,000 residents spread across 42 square miles, Sagamihara was spatially the largest town in Japan at the time of its founding.[19]

Details about the establishment of Japan's provisional army hospitals are elusive, but they were a pet project of Koizumi Chikahiko during his 1937 drive to improve IJA medical services.[20] The official authority for classifying certain hospitals as *provisional* (i.e., created on a temporary basis to fulfill a requirement) came from Army Order 1444 (Rikufu dai-1444-go) of November 29, 1937, "Naming of Army Hospital Provisional Patient Examination and Treatment Facilities." Provisional army hospitals were directly subordinate to the army minister, a major consequence of which was that admission was restricted to patients with exceptional medical or therapeutic needs—in this sense, patients had to be *assigned* there in contrast to the general army hospitals that accepted any patients. Greater Tokyo eventually boasted three such facilities: the Army Medical School, Tokyo Number One, and Tokyo Number Three.[21] The Army Medical School had already shifted to army minister control in August 1936 via the revised Army Medical School Order (Rikugun Gun'i Gakkō rei) of July 28, 1936.[22] Tokyo Number One was formerly called Tokyo Number One Army Hospital (Tōkyō Dai-1 Rikugun Byōin); originally it was the hospital of the Military Medical Office (Gun'iryō), Japan's first modern-day military medical institution, which had been established in July 1871. In 1929, it moved from Kōjimachi Ward in Tokyo to new grounds adjacent to the Army Medical School in the Toyama neighborhood of Shinjuku Ward; by March 1938 it had been recategorized as a provisional army hospital.[23] Also in 1938, preexisting army hospitals in Nagoya and Ōtsu were reclassified and renamed Provisional Nagoya Number Two Army Hospital (Rinji Nagoya Dai-2 Rikugun Byōin) and Provisional Ōtsu Army Hospital (Rinji Ōtsu Rikugun Byōin).[24]

The IJA began building Tokyo Number Three in December 1937 after carving land from the southeastern corner of the Military Academy drill ground located to the east of the main school campus. This was the only provisional army hospital built from the ground up after the issuing of Army Order 1444, and it was the first military institution in Sagamihara to open its doors after the Military Academy. Construction began in January 1938 and continued apace during the next few months. Over time, the hospital became a sprawling complex of offices, wards, and barracks interlaced by corridors stretching almost 5 miles in length (see figure 3.1). Its single-storied buildings were built out of unpainted wood and had slate roofs. Inmates from the conscripted ranks lived in three massive sick wards located to the right of the main entry; as of 1943, these three wards—named East, Central, and West—contained roughly seventy bays that radiated outward from the 650-foot-long central corridors that formed each ward. Patients and staff referred to the wards as dormitories. At the far end of these dormitories lay three messes provisioned by a single large galley. To the left of the entry

hall were dormitories for officers (eighteen bays) and NCOs (eighteen bays), the layout of which mirrored the dorms for regular servicemen except that the officers' mess lay at the proximal rather than the distal end of its dorm. Past these dorms lay the officer and NCO galley and the barracks for IJA personnel assigned to Tokyo Number Three as their duty station. Behind the main entry were the offices for processing and evaluation admissions, treating and counseling inmates, and overseeing the administration of the hospital. A large central courtyard sat behind these front offices and thus at the middle of the hospital complex, and the immediate periphery of the hospital featured lawns and ornamental flora, exercise yards, and auxiliary buildings, including a small farm.[25]

Tokyo Number Three became the largest provisional army hospital in Japan, but scant records made it impossible to determine with precision the number of patients who were and could be admitted to the hospital. The formal opening ceremony for the hospital was held on March 1, 1938, the same day that its first director, Yoshiue Seiitsu, and his staff arrived, and an initial group of seventy-eight inmates took up residence at Tokyo Number Three on April 11 following a Shintō blessing ritual observed the previous day.[26] Figures relating the residential capacity of the hospital were routinely excluded from wartime publications, including *Army Medical Corps Journal*, but the postwar official history of the city of Sagamihara cites the diary of

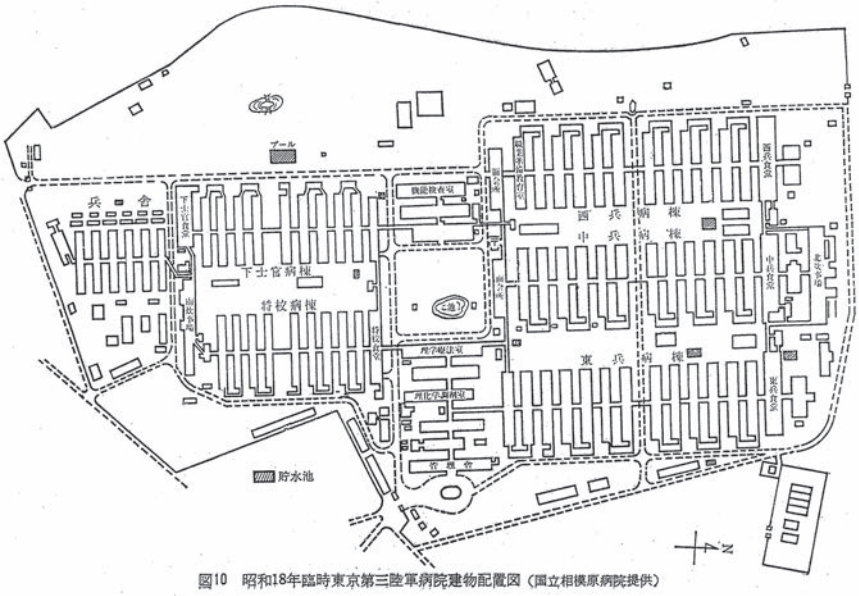

Fig 3.1. Map of Provisional Tokyo Number Three Army Hospital in 1943, undated. *Source:* Sagamihara-shi Shishi Hensan Iinkai, *Sagamihara-shi shi, dai-4-kan*, 574.

Aizawa Kikutarō, long-time local resident and community leader, who kept a daily journal nearly without fail from October 1885 to April 1962, which asserted on August 30, 1938, that Tokyo Number Three was designed to house 4,500 patients but at that time had 6,000 serviceman (nonofficer) patients plus approximately 2,200–2,300 affiliated staff members.[27]

Is Aizawa's claim realistic? Saijō's memoir *The Fighting Artificial Arm* helps to provide an answer. According to Saijō, "A dormitory is divided into ×× quarters. ×× buildings [bays] line both sides of the length of a [dormitory's central] corridor, and in each dorm there are close to ×× wounded soldiers."[28] Later on in the narrative, Saijō notes that "Each quarters is divided into four squads [of patients]. In a squad 20-plus wounded soldiers are lined up in beds."[29] Saijō's memoir mentions that each quarters could hold at least 80 patients. If we accept that 70 bays served as 70 quarters for regular servicemen and that each bay or quarters housed 80 men, then Tokyo Number Three could theoretically accommodate 5,600 rank-and-file patients; this makes Aizawa's assertion of a 6,000-patient capacity feasible. Further support for Aizawa's claim stems from the fact that the hospital underwent no major renovations or expansions after 1938 and sustained no air raid damage, suggesting that the physical layout and scale of its three dormitories for servicemen did not change after the initial construction. But even if Tokyo Number Three could (or at some point did) house 6,000 patients as Aizawa's diary contended, the hospital was not always filled to that capacity.[30] According to later IJA records, Tokyo Number Three housed 2,061 patients and could hold up to 2,767 patients on August 31, 1944, making it the third largest army hospital in Japan at that time in terms of patient capacity.[31]

Hospital Admissions and Dormitory Life

Cars arrived at Sagamihara Station, picked up Saijō and his colleagues, and drove them to the front door of Tokyo Number Three. Like other patients, Saijō passed through the sequence of diagnostic examinations that Emperor Hirohito had been walked through nearly a year earlier. In his memoir, Saijō provides no insight into these examinations, noting only that in his case assessment "was simple because I was only missing an arm," but he points out that admittances often involved detailed physicals as well as psychological examinations, depending on patients' injuries.[32] Details from Hospital Director Yoshiue's guided tour for Emperor Hirohito helps to fill in the gaps left by Saijō concerning his admission to Tokyo Number Three.

According to Yoshiue, the diagnostic examinations conducted soon after a patient's arrival served as the "foundation of this institution's specialized treatments." There were two sets of tests: a general examination of physical functionality and a specialized examination that consisted of advanced physical, medical, and psychological tests and preliminary vocational counseling.[33]

Examinations took place in the succession of buildings arranged to the west of the central courtyard that served as the nucleus of Tokyo Number Three. During Hirohito's visit, the staff of Tokyo Number Three had used exhibitions of actual patients arranged in staged mock-ups of diagnostic examinations to help explain workings of the hospital (see figure 3.2). Yoshiue's official remarks to the emperor as he perused these scenes, which appeared in *Army Medical Corps Journal* alongside photographs of a handful of these living dioramas, help to flesh out the setup of these tests. The general examination included physical strength measurements and the effects of nerve damage on wounded regions of the body. Patients were made to flex and rotate hands and feet and to demonstrate the strength of fingers, hands, and feet as well as overall body strength. In front of the emperor, hospital patients and staff engaged in pantomimes of these examinations, with the diagnostic objective of each testing station prominently stated on placards reading "finger strength," "foot strength," and so on.[34]

Following the general examination, patients moved on to specialized examinations of four general types: advanced physical functionality tests, psychological exams, prefatory vocational counseling, and strength and metabolism diagnostic exams. Two sets of advanced tests were administered to determine physical functionality, the first being the measuring of joint angle flexibility and the second consisting of neuromuscular analyses. Patients demonstrated the limits to which they could move impaired and injured limbs and were subjected to electric-current stimuli to assess the extent of nerve damage. Next came a series of psychological exams that targeted patients with cranial injuries; according to Yoshiue, these tests were designed to "observe attentiveness, memory strength, responsiveness, and other conditions of intelligence." In anticipation of later, more sophisticated vocational guidance counseling, at this point in the admissions process patients were asked about their occupational history and interests. Patients

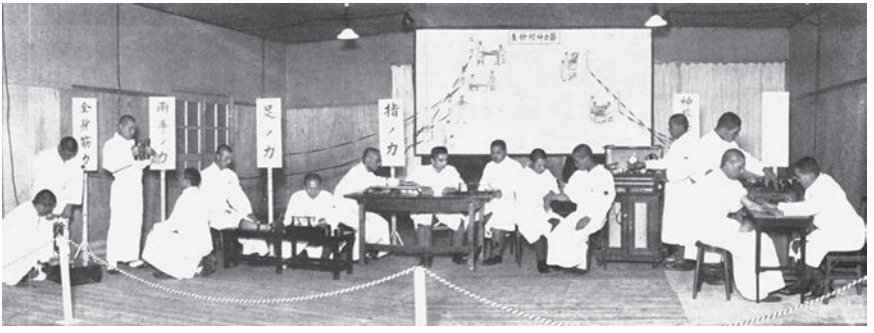

Fig 3.2. Photograph of mock admissions procedures at Tokyo Number Three, as shown to Emperor Hirohito, 1939. *Source:* Rinji Tōkyō Dai-3 Rikugun Byōin, *Rinji Tōkyō Dai-3 Rikugun Byōin shashinchō*, n.p. Collection of the author.

answered questions meant to assess their knowledge about vocations and to gauge their predisposition for certain jobs; staff members also tried to discern the level of cooperative ability each patient possessed and sought to determine how a patient's existing abilities measured up to his preconscription line of work. Examiners recorded patients' responses for future reference by the hospital vocational education staff. Last, men with internal injuries took strength and metabolism tests that used treadmills and other devices to measure their energy levels and respiration rates during periods of rest, physical action, and increased humidity.[35]

These diagnostic examinations apparently did not figure into the assigning of patients to quarters. Saijō's memoir relates that he was assigned to a squad of patients and a residential ward—the East Dormitory—prior to undergoing any examinations. It is not clear if this assignment constituted standard practice or resulted from the straightforwardness of his injury, namely, one amputated limb. Saijō does, however, point out that the members of his squad had various kinds of wounds, indicating that squads were not made up of men all with the same type of injury. Among the members of Saijō's squad were men with upper- and lower-limb amputations, nerve damage causing degrees of limb paralysis or shooting pains, strained joints, spine fractures, and severe tissue loss and muscular damage caused by shrapnel and gunfire—a group that Saijō likened to the motley crew of ghouls that cavort in Japanese paintings of the night parades of one hundred weirdly shaped demons. Saijō's squad mates not only hailed from throughout Japan but also had served at far-flung battlefronts ranging from southern China to Nomonhan on the Manchuria-Mongolia border.[36] Thus, the men spoke a variety of Japanese local dialects and incorporated into their tales of the front Chinese terms with divergent pronunciations that followed the spoken dialects native to the regions to which they had been posted.[37]

The men of Saijō's squad of patients at Tokyo Number Three shared the hopeful and anxious goal of returning to their homes as soon as possible. The comradeship of war is accidental, notes Samuel Hynes, in the sense that combat brings together men whose lives would probably not intersect during times of peace.[38] The shared experiences of not only waging war and being wounded but also surviving their injuries and being repatriated invested the patients of Tokyo Number Three with a cheerful degree of *esprit de corps*. According to Saijō, the mood at Tokyo Number Three, unlike that at frontline medical facilities, was "comparatively cheerful and burning with hope for the future." As at the front, soldiers told each other the tales of their wounds, but for the storytellers at Tokyo Number Three the immediate physical trauma of being wounded had gradually become a past pain, even though their audiences felt "intoxication" from the stories being told. Now, these broken men focused on the task of preparing their bodies for uncertain futures. They became restless to get on with their lives and leave the military behind. As Saijō points out, many men stayed at Tokyo Number Three for nearly six months prior to discharge. "Before coming here each

wounded soldier had followed hospital routines for more than half a year since leaving the front, thus it is alright to say that everyone felt pretty bored with hospital life and there was not a single soldier who did not yearn for life at home," Saijō acknowledged. "All of us were waiting for the day when we could leave hospital because we had been separated from our families for more than two or three years." Still, readying oneself as best as possible for the future was key. Saijō noted that the patients who convinced the staff that their nerve pain or numbness had subsided and, as a result, finagled hasty discharges from the hospital eventually regretted leaving too soon.[39] The mood of Saijō's squad may have been bright and hopeful, as Saijō contended, but it was undoubtedly anxious as well.

There were somber moments when the men at Tokyo Number Three were confronted by the injuries of other patients or even their own injuries. For Saijō, his evening bath yielded such visions. Each dormitory had one bathroom, which was dominated by a deep central tub set into the floor that was designed to accommodate multiple bathers at one time (in traditional fashion, bathers washed their bodies outside of a communal tub and then slipped into the tub for a moment of relaxation). The walls of the bathroom in Saijō's East Dormitory had been painted with murals depicting popular hot springs resorts such as those at Arima and Kusatsu, and exercise machines were arranged along the walls for bathers to use after stepping out of the tub. "The bathroom was beautiful in its cleanliness and the mood there was pleasant," noted Saijō, "but there was no other place like this where one could see the naked forms of wounded soldiers." According to Saijō, when he bathed a one-legged soldier would hop about on the periphery of the tub and was kept from toppling into it by a soldier with a huge cicatrix (dense scar) located in the center of his back while a soldier with a withered right arm would sit in the tub and splash water over himself with his left hand. In one instance, a one-armed man unexpectedly emerged out of the water and startled Saijō: "The wen-like knob of flesh at the stump of his arm was ghastly. At that moment, my armless figure that I saw reflected in a mirror was also perverse." Eventually Saijō grew accustomed to such sights, but initially he was troubled when he confronted the bodies of his dorm mates and compared his body to theirs.[40]

Daily life at Tokyo Number Three followed military routines. "There is no great difference between dormitory life and that of a regular military barracks," noted Saijō, down to the level of chow calls and nightly line-ups before bed. Inmates swept and cleaned their quarters, wore military uniforms (although the white trousers and shirts of military medical patients), and washed their own undergarments and shorts. It makes sense that Tokyo Number Three should function akin to a barracks. In the first place, the patients were still active-duty members of the military, even though they had been lost-to-command and extracted from their units, and they were living at a military installation. And much of the professional staff of the hospital came from the Army Medical Corps. But such is the character of military

medical systems the world over when it comes to treating war-wounded servicemen (and servicewomen, too); military medicine is part of the machinery of modern warfare, and keeping ill and injured soldiers under military orders until their service discharge makes them easier to administer. Moreover, military orders remove the option of noncompliance—men are held accountable for following orders, which extends to the curative regimen and instructions imposed on them by military medical personnel. Similar to the war-wounded in other national contexts, the patients at Tokyo Number Three were made complicit in and held partly responsible for their own rehabilitation by remaining under military command. Patients' understanding of Tokyo Number Three, as Saijō himself makes clear, was that the institution served as a "recovery training grounds" and a "self-rehabilitation drill hall." Such language evoked martial rather than medical arts and reminded patients that mustering themselves for their own recuperation was an official duty that each soldier was expected to perform. One of the few visual cues that they were not in active-duty barracks was the presence within quarters of flowers and small consolation gifts, such as dolls.[41]

The patients at Tokyo Number Three maintained busy routines; theirs was an active convalescence. Although the patients were routinely referred to as wounded soldiers, "at this hospital few men required nursing or the daily redressing of bandages," notes Saijō. Nor were there men dealing with relapses of malaria or bedridden because of surgery. As such, patients spent little to no time lounging in quarters during the day. Patients were kept busy attending physical therapy sessions, physical exercises, and vocational training. The dormitories constantly bustled with patients moving about, leading Saijō to compare the central corridors of each dorm to congested streets. "There were one-armed men like me, men who could not use their arms even though they had them, and many men who had to salute with their left hands," stated Saijō. "Many men limped as they went, and there were one-legged men whose iron legs echoed *tap-tap-tap*. And, men wore assistive devices around their torsos and on their limbs." Few men, however, used canes to help them walk. Saijō clarified that it was hospital policy to restrict the use of canes as much as possible so that patients would not become dependent on them. Akin to taking his nightly bath, being in the corridors and grounds outside his dormitory made Saijō uneasy; he confided in his memoir that it was one thing to put his residual limb on display to his squad mates and buddies but another matter altogether when it came to maneuvering in the hospital with it visible to everyone: "There was a disagreeable, indescribable feeling because the people coming-and-going, wounded soldiers and visitors from outside the hospital alike, passed by me while staring at the flattened sleeve of my military uniform with a look as if we had quarreled over something."[42] Despite such a sensation, traveling the hallways was unavoidable. There were miles and miles of connecting corridors within the hospital, which necessitated the indoor use of bicycles by staff members to help them move about quickly.[43]

Tokyo Number Three was designed to provide convalescent rather than medical care, but at times Saijō and his colleagues did require medical treatment. In Saijō's case, in mid-July 1940 he developed a debilitating case of pleurisy, or infection of the membrane that surrounds the lungs, which kept him in the hospital medical ward for roughly two months. Physicians twice drew fluid from his lungs, and after a few days spent in a two-man room with a patient suffering from peritonitis, Saijō was moved to a larger sick bay designated for men with slight illnesses and men recovering from medical conditions or minor surgery. In mid-September, Saijō returned to the East Dormitory and resumed his physical and vocational training. Pleurisy weakened and inconvenienced Saijō, but a more vexing development was the appearance of two stump pathologies that began to register with greater intensity during Saijō's time at Tokyo Number Three. First, his amputation site felt abnormally cold during winter, and no matter what he did, Saijō could not seem to raise the internal temperature of his arm; he would sit in front of a fireplace until the left side of his body grew red from the heat, but his right arm never felt warm. When Saijō slept, he did so on his right side, which helped his stump to feel warmer during the winter months, but in April 1940 he began to register a second unnerving feeling in his residual limb: phantom pain from his absent right hand that felt as if his fingers were clenched in a tight fist. This pain was attuned to changes in weather; it diminished on sunny days, felt strongest on days prior to rainy days, and remained high on rainy and cloudy days. During sleepless nights, Saijō lay in his bed and listened to the tapping sound of artificial legs moving up and down the dormitory corridor, leading him to conclude that patients with missing legs also felt sensations similar to the ones causing him unrest.[44]

Saijō's memoir contained scant information about the staff employed at Tokyo Number Three, which is somewhat surprising because the author of the book was a military physician who had been assigned to the hospital as his duty station for an undisclosed period of time between 1939 and 1941. When Saijō did discuss the staff of the hospital, he focused on the caregivers with whom he would have interacted most often: medics and female nurses. Saijō related that medics were attached either to the dormitories or to the medical and surgical wards of the hospital. The duties of the dorm medics were primarily administrative and far less concerned with medical affairs than were the medics assigned to the health-related wings of the hospital. In one instance, Saijō compared the toil of the dorm medics to the labor of military horses on the front lines, ceaseless and grueling no matter the circumstances.[45]

Although Saijō praised the medics, his memoir paid greater attention to the female nurses at Tokyo Number Three than the male medics. Very few female nurses worked at the hospital; Aizawa's diary states that only five or six female nurses were there, and Saijō pointed out that fewer than twenty nurses were attached to the medical and surgical wards.[46] Only patients with

health-related problems interacted on a regular basis with female nurses, all of whom, Saijō noted, were local women—not IJA or Japan Red Cross Society nurses—who wanted to be of service to their country. "The nurses' entertainment was not watching movies; rather, it was their service [to us]," he claimed. "Their discipline did not come from reading books; it was from the austerity of their lives."[47] Saijō's memoir is largely silent about the physicians, physiatrists, counselors, and clerks at Tokyo Number Three; these individuals appear but only on the periphery of Saijō's sight as he surveyed how his life was remade at the hospital. Emperor Hirohito probably also paid slight attention to the staff when he stopped at Tokyo Number Three for a visit. He did, however, give the hospital personnel a gift of cigarettes embossed with the imperial crest to thank them for their hard work for the behalf of the wounded, along with a gift of money presented to the hospital itself.[48]

Physical Exercise and Physical Therapy

Raising the physical fitness of wounded bodies was fundamental to the curative regimen for Tokyo Number Three patients. When Emperor Hirohito toured the hospital in March 1939, the staff showcased the medical calisthenics performed by patients as part of their kinesitherapy (treatment via movement and exercise). After showing him the mock-ups of the admissions procedures, Hospital Director Yoshiue conveyed the emperor to an observation platform located on the perimeter of the central courtyard, where an assembly of patients—"wounds wrapped in snow-white exercise outfits"—stood in formations, each engaged in different types of calisthenics identified via boldly lettered wooden signs. Under imperial scrutiny, patients raised their arms, bent their knees, and twisted their trunks to the command of staff members standing before them on raised blocks. Unlike conventional methods for removing functional handicaps, explained Yoshiue, Tokyo Number Three used exercise conducted in broad daylight as a form of treatment. Exercise, he continued, promotes the betterment of hearts and lungs, the strengthening of joints, and the restoration of failed nerves, all accomplished via specialized as well as general movements. Before leaving the platform, Yoshiue directed Emperor Hirohito's attention to a group of patients using exercises to grow accustomed to new assistive devices—presumably, artificial arms and legs.[49]

The focus of Tokyo Number Three on developing strong bodies not only fit into its specific mission to rehabilitate war-wounded men but also jibed with national campaigns—both old and new—geared toward strengthening the bodies of imperial subjects. Sabine Frühstück demonstrates that, beginning in the early Meiji Period, the Japanese state constructed what she deems a "modern health regime" concerned with raising the fitness of the "national body" of Japan, a concept that took form in the writings and efforts of a

wide array of Japanese educators, civil service bureaucrats, philosophers, and physiologists.[50] Working through its Home Ministry, the Japanese state began to institute practices designed to foster healthy bodies to strengthen the nation both domestically and internationally. Physical and moral hygiene became ever-expanding concerns as the Meiji Period gave way to the Taishō and Shōwa eras, and with this came the realization by the state that promoting physical exercise would help it to achieve its goals. On November 1, 1928, the (now-defunct) Communications and Transportation Ministry (Tsūshinshō) introduced radio calisthenics as a daily, early-morning broadcast that coordinated basic stretches and exercises set to music (see color plate 7). These broadcasts helped exercise become a daily routine practiced throughout Japanese society.

Two later developments further drove physical education into the thoughts and everyday concerns of the wartime public: the creation of the Welfare Ministry and the enactment of the National General Mobilization Law. The January 1938 establishment of the Welfare Ministry provided the state with the bureaucratic means to orchestrate national health campaigns. Among its initial six internal bureaus was a Physical Fitness Bureau (Tairyokukyoku) that oversaw nationwide projects for improving the physical health of imperial subjects.[51] The Army Ministry and Navy Ministry supported the creation of this new ministry because they believed that physically strong servicemen came from a healthy national population. The National General Mobilization Law, promulgated on April 1, 1938, and enacted the next month, moved Japanese society assuredly in the direction of total war mobilization. Article I asserted that "National General mobilization . . . means control and employment of man-power and material resources for the highest and most efficient development of the total power of the state in time of war," and Article IV made clear that it was the prerogative of the state to press into service any and all subjects of the Japanese empire.[52] Thus, by roughly the time of Emperor Hirohito's visit to Tokyo Number Three, the state had put in place mechanisms that enabled it to promote and regulate the physical fitness (and readiness) of the "national body" of Japan to respond to the demands of total war, whatever they might be.

IJA physicians associated the exercise therapy that featured in patients' daily routines at provisional army hospitals with the national task of crafting healthy, physically fit bodies on the home front. In October 1938, the Greater Japan Sports Association (Dai Nihon Taiiku Kyōkai), a national organization founded in 1911 to promote sports and physical fitness, printed in its monthly magazine *Physical Education Japan* (*Taiiku Nihon*) the views of Physician-Major Nakamura, chief of surgery at Tokyo Number One, regarding physical education for wounded soldiers.[53] After drawing attention to the need to raise the overall physical fitness of imperial subjects during the "current crisis" of the China Incident, Nakamura asserted the importance of raising the abilities of sick as well as healthy or able-bodied individuals.

Nakamura's specific appeal in his comments was for organizations such as the Greater Japan Sports Association to develop "sports for the sick" or, in other words, sports that physically impaired veterans could participate in after they returned to civilian life. Nakamura stressed that exercise is an "absolute necessity" for wounded and ill soldiers, a group that he cautioned was anticipated to increase greatly in number as the fighting in China continued, thus ensuring that the physical fitness of injured servicemen must be taken into consideration alongside that of the general public. According to Nakamura, the IJA made wounded and ill soldiers exercise during the "short interval from affection [i.e., the acquisition of an injury or illness] until discharge from [medical] institutions." Exercising during the course of IJA medical care, he argued, helped men to "return again to their former bodies."[54]

Group exercise structured the days at Tokyo Number Three. Weekday mornings at 8 a.m., a speaker in the central courtyard of the hospital began blaring military anthems to signal to all patients that it was time to assemble for morning calisthenics. Wearing exercise outfits and caps, the patients exercised under the direction of an IJA physician who stood on a riser located on the western perimeter of the courtyard with assistant personnel arranged on either side of him. Patients replicated the movements of the staff in a manner akin to that of radio calisthenics, but before long, the music would segue into military marches and the men would move around the courtyard. In addition to this morning session, patients also gathered in the courtyard in the afternoon, although Saijō's memoir does not specify the time of day. During the summer the men stripped to their waists and the sun darkened their skin. "With these rhythmic calisthenics, the [sight of] broad shoulders glistening with sweat and the manly might of chests struck viewers in the heart," stated Saijō. "Visitors who came to the hospital to see and console [patients] watched with astonishment with eyes that wondered *where are the affected parts of these healthy-looking bodies?*" In response, Saijō noted that when people looked closely they saw that there were men who moved one arm in sync while the other just lay there, and that some men had stiff hips that did not pivot, while others moved their arms but not their legs. And, when they looked very closely, they could pick out the men with "pitiful huge cicatrices" stretching across their chests and backs. But, "even if our arms were lame or our legs were useless, in the minds of we wounded soldiers the rhythm of the moment flowed naturally." At first immobile nerves and muscles made subtle movements, noted Saijō, but over time such motions amplified to the point where limbs began to move freely. "In this way, with new inspiration we discovered by ourselves our own strength." Onlookers were transfixed by these group calisthenics, with female visitors at times blotting at their eyes with handkerchiefs as they watched the patients exercise.[55]

In addition to general calisthenics, depending on their injuries patients also practiced specialized exercises that targeted specific motor impairments.

Patients were sorted into three groups—thoracic and abdominal injuries, upper-limb injuries, and lower-limb injuries—that exercised in distinct ways. In the first group, men with torso damage sat on or leaned against stools and stretched their abdominal muscles via leg extension and waist flexion. In the second group, men such as Saijō with upper-limb impediments or missing arms used canes to practice bending and elevating functioning arms and wrists; they held canes outward from their bodies, extending and waving them and using their wrists to rotate them in set patterns. Men with wrist injuries also practiced hanging from iron bars by their hands, which helped to loosen stiff joints. In the third group, men with damaged hips and knees sat either cross-legged or with legs tucked under themselves on straw mats and practiced raising and lowering their hips and buttocks from the ground. Some men in this group lay flat on the ground with their feet pointed inward to form a circle and passed a ball back and forth with their feet; other men stood front-to-back in a line and practiced passing a ball either over their heads or at waist level to the front and rear of the line. The intent of such exercises was not lost on Saijō: "The objective was not merely that of restoring physical strength; clearly the true objective was treating functional impediments."[56]

Tokyo Number Three employed a variety of sports—couched as exercise games—to enable and encourage patients to move their bodies and thereby raise their strength, flexibility, and dexterity. Sports ranged from swimming to sumo and took place throughout the hospital compound; patients played tennis on courts located in the open areas between the dorms for rank-and-file servicemen, swam in a pool located to the west of the NCO dormitory, and sharpened their skills at table tennis played inside the dorms themselves. Each sport was presented to patients with a specific objective. Swimming, for example, provided a way for men with stiff arms or legs to loosen tightened muscles and develop physical strength. Amputees swam for reasons that were clear to Saijō, who understood that swimming helped him to strengthen his intact left arm as well as the joints of his residual right arm. Tokyo Number Three sought to make a patient's viable remaining limb, whether that be an arm or a leg, able to do the work of two limbs. According to Saijō, by drawing out the abilities of functioning parts of the body, a patient developed higher-level capabilities that reinstated within him faculties possessed by "normal people" (*futsūjin*). Therefore, Saijō played tennis by holding the racket with his left hand and played baseball with the bat held in his left hand and a mitt affixed to the end of the artificial arm that he received while at the hospital. Using his left hand to swat at or throw balls strengthened his remaining left arm, which after his wounding now had to serve him more fully as a dexterous limb. Saijō likened his goal of reconfiguring the physical capabilities of his residual limb to developing a sort of intuition akin to that of the "mind's eye" possessed by the Blind, who, he pointed out, may be able to "see" the color of a flower. "Even if a person is

lame, thanks to devices and practice there are individuals who display abilities never thought about by healthy people. Through practice and effort, missing hands can give birth to a 'mind's hand' and missing feet can give birth to a 'mind's foot.' "[57]

Teams sports, notably baseball, facilitated healthy competition not only among the patients at Tokyo Number Three but also with groups from outside the hospital. Each dormitory quarters had its own baseball team (composed of men from among the four squads in each quarters) that participated in interquarters games. Each dormitory had its team determined by internal matches between quarters, and these dorm teams played against each other. Practice took place in the open areas between dormitories. "Crippled pitchers [*bikko no tōshu*] threw balls and one-armed lame wounded soldiers [*katate no fujiyū na shōhei*] stood in the box and in the outfield," recalled Saijō, "and by devoting their entire minds to one ball and all their energy to their positions [these men] unconsciously nurtured the efforts of their legs as extraordinary strength sprung from healthy arms and in the course of time mobility was granted to afflicted arms as well." A hospital-wide team of patients faced off against teams who visited Tokyo Number Three to play games as consolation activities—"company, factory, and trade union teams from somewhere or other," noted Saijō, and these games took place on the fields located behind the hospital. The chief competition appears to have been the team at Tokyo Number One, an interhospital rivalry that played out at matches held on the grounds of shrines located in the Tokyo area and featured enthusiastic crowds rooting for the two teams.[58] For example, on November 19, 1939, the hospital teams met at the Meiji Shrine in Tokyo for a crowd-pleasing game, cheered on from bleachers filled with wounded soldiers, female nurses, and Tokyoites, that resulted in a 5–2 extra-inning victory for Tokyo Number Three.[59] Aside from baseball, Tokyo Number Three organized tennis and *kenjutsu* ("sword techniques") teams that also competed against other teams in friendly matches.

Biannual sporting events took place at Tokyo Number Three each spring on the anniversary of its founding and in the fall as a track-and-field meet. Patients with upper-limb injuries ran short-distance sprints, while men with lower-limb injuries took part in paper-lantern races in which contestants lit candles in hand-held paper lanterns and vied to be the first to cross a finish line without the candle being blown out. Saijō commented that these were not proper track-and-field meets per se because contestants were matched according to corresponding levels of speed and ability but they were still rollicking competitive events that pitted dormitories against one another. The medics and female nurses and cleaning ladies at the hospital also held their own races, and all the events featured cheering crowds lining the perimeter of the track or playing field while waving the national flag and clapping and singing boisterously.[60] The exuberance of such hospital meets is evident in a photographic essay published in the December 1940 issue of *The*

Camera (*Kamera*), a magazine for photography enthusiasts. On October 23, 1940, Tokyo Number One held a sports meet on the grounds of the nearby Toyama Army Infantry School in Tokyo as a communal celebration of that year's observation of the 2,600th anniversary of the founding of Japan's imperial dynasty.[61] The event was attended by a contingent of twenty or so amateur photographers led by Ishizu Ryōsuke, a noted photographer, who chose to use the meet to hone their skills at taking documentary photographs. The snapshots in *The Camera* convey the atmosphere of a street fair as members of the Greater Japan National Defense Women's Association (Dai Nihon Kokubō Fujinkai) painted the faces of wounded soldiers while patients dressed as Winston Churchill, Franklin Roosevelt, and Chiang Kaishek and his wife Soong Meiling gamboled through the crowd. In the photographs, nurses in white gowns and wounded soldiers in white robes beam and wave from the grandstands as patients with bandaged elbows run relay races (see figure 3.3). Hospital sporting events—no matter the venue—provided moments when wounded soldiers could put their physical abilities on display, not just their injured bodies.[62]

Japanese martial arts complemented the exercise therapy in place at Tokyo Number Three; bayonet practice and *kenjutsu* figured in the regular routine of Saijō and his fellow upper-limb amputees after they received functional artificial arms (see figure 3.4). *Kenjutsu* is traditional swordsmanship in

Fig 3.3. Photograph from a sports meet convened by Provisional Tokyo Number One Army Hospital, 1940. Here, female nurses, wounded soldiers, and other onlookers cheer on contestants. *Source:* Kureki, "Hogaraka na heitai-san," n.p. Collection of the author.

which practitioners spar with one another wielding wooden or bamboo-slat rods that stand in for metal swords. Twice a week on Tuesday and Friday afternoons, Saijō gathered with other amputees to be instructed in *kenjutsu* by a NCO medic stationed at the hospital; training sessions were held in the garden located between the East and Central dormitories. Even though all the wounded soldiers had received bayonet training as part of their basic military training, *kenjutsu* was new to some of them. During training, Saijō fitted the near end of a bamboo sword into a terminal device affixed to his artificial arm and used his left hand to grasp the grip of the sword just above where it set into his prosthesis. He then used the sword to strike at imaginary or real opponents with horizontal blows directed inward from his right side (men with missing left arms would attack with horizontal blows from their left sides) and with overhead blows. The men improved their technique over time, but initially the bamboo swords would often detach from their artificial arms when they landed a blow on a real opponent. As intended, *kenjutsu* left the amputees huffing and puffing from physical exertion. The medic directing the exercise told the men to imagine that they were fighting not against one opponent but against thousands of enemies at once, and to imagine their bamboo swords to be extensions of their own biological limbs.[63] *Kenjutsu* instruction may have taken place twice a week, but Saijō and his one-armed colleagues engaged in swordplay-style exercises daily as part of their being acclimated to their new artificial arms.[64]

Saijō does not discuss the physical exercises for men with artificial legs in great depth, but he does point out that marching and hiking were commonly used for patients with impaired mobility. All patients went on marches every so often, but lower-limb amputees came to spend entire days marching as a way to grow accustomed to wearing their new limbs, develop stamina, and polish their strides. And this applied not just to amputees but also to men with nerve damage to their legs or strained joints; men with many types of impairments walked the Sagami Plain for long hours with the mountains framing the plain served as benchmark excursions. Ascending the 4,100-foot-high slope of Mt. Ōyama, a popular destination for hikers found within the Tanzawa Mountains that lay northwest of Tokyo Number Three, was a milestone exercise. Depending on their condition, some men were expected to walk all the way to the summit, while others had a midway point up the mountain set as their objective and then used a bus or cable car to finish the trek. Standing at the top of Mt. Ōyama and surveying the Sagami Plain invested the walking wounded of Tokyo Number Three with feelings of exhilarating accomplishment.[65]

The physical exercise regimen at Tokyo Number Three was supplemented by state-of-the-art physical therapy facilities. At least nine specialized treatment rooms lay between the front offices of the hospital and the central courtyard. Emperor Hirohito's tour of Tokyo Number Three included a walk-through of these rooms and cursory explanations of their purposes. Saijō, too, mentioned the rooms in his memoir, noting that patients went to

Fig 3.4. *His Excellency Visits an Army Hospital*, an illustration by Mukai Junkichi that appeared in the June 1939 issue of *Housewife's Friend*. Here, Emperor Hirohito watches from a window as wounded soldiers exercise with wooden rifles in the courtyard of Tokyo Number Three. *Source:* "Seijō: Rikugun byōin gyōkō," 1.

them at scheduled times. The mechanical therapy room contained exercise equipment and presumably weights used to strengthen joints and increase physical strength. The ultra-shortwave therapy room was used to promote blood circulation and to reduce tissue pain. Patients went to the aerial ionic therapy room to contend with sleep disorders and fevers. The sunlamp room and infrared light therapy room used radiant heat to promote nutritional health and facilitate general recovery from injuries and ills. There was also an ultraviolet light therapy room. The therapeutic application of electric current took place in the galvanofaradization room, with the objective of easing nerve pain. One of the rooms was set up as an iron ore mud therapy bathhouse, in which patients submerged themselves in a mineral slurry bath so that the heat and "emanations" would help treat pain. Last, there was a massage therapy room where patients had their joints and muscles massaged following a hot-water bath.[66] Saijō stated that the hospital employed fifty or so professional male masseurs who worked on wounded soldiers while they were in all sorts of poses—on their backs, on their sides, sitting in chairs—using a wide variety of massage techniques. The masseurs

stayed busy all day long, each seeing a new patient every twenty or thirty minutes. After briefly discussing the other physical therapy rooms, Saijō confided, "The only treatment I took was hot water massage for my residual limb."[67] Considering the strenuous workout that Saijō's stump received as he practiced using his new functional artificial arm for vocational purposes, his patronage of the hospital masseurs ought to come as no surprise.

The Functional Artificial Arm

The most consequential material gifts to Saijō and his fellow amputees came not from Japan's emperors but, rather, from its empresses, who, beginning with the Sino-Japanese War, gave artificial limbs and eyes and bandages to servicemen as imperial gifts (*kashi* or *onshi*). Empress Shōken, the consort of Emperor Meiji, was a prominent advocate for and patron of the Japan Red Cross even prior to its official establishment in 1886. During March and April 1895, she frequently visited hospitalized servicemen in Hiroshima after she joined Emperor Meiji in the city, where he relocated so that he could keep abreast of the fighting on the continent.[68] In January 1896, Empress Shōken wrote to Army Minister Saigō Tsugumichi informing him that she wanted to arrange for wounded soldiers to receive artificial hands and feet paid for by monies at her disposal.[69] The number of soldiers and sailors who received such prostheses in 1896 was relatively small at 167 men (9 prisoners-of-war also received artificial limbs), but Empress Shōken's act of benevolence inaugurated a practice that continued until the end of the Second World War. During each war, the sitting empress and the military establishment reaffirmed their commitment to providing and distributing artificial limbs. On the outbreak of the Russo-Japanese War, Empress Shōken once again communicated with the IJA chief of staff, the result being a system in which IJA physicians sent requests for artificial limbs (and now artificial eyes too) for soldiers with registered need upward via division commanders to IJA headquarters. The IJA then made arrangements with independent prosthetists to supply the requested devices via the IJA's Medical Services Bureau and the wounded soldier's divisional command. As with the previous conflict, hospitalized prisoners-of-war also received artificial limbs but now via the Japan Red Cross Society. Approximately 1,750 IJA servicemen and 135 Russian POWs received artificial limbs as imperial gifts from Empress Shōken between August 1904 and May 1906.[70]

The artificial limbs given as imperial gifts to amputee servicemen of Meiji-era wars were crude devices. Below-the-knee amputees received bamboo pegs fitted into sockets that were affixed to the residual stump of the leg. Upper-extremity amputees received cosmetic prostheses that gave the appearance of an arm but were not designed for gripping items or bearing weight. A curious tale of the aftermath of the Russo-Japanese War

relates how General Nogi Maresuke, commanding officer of the IJA Third Army during the war and postwar patron saint of the Haiheiin, devised an "active artificial arm" for bilateral forearm amputees with the help of Ishiguro Tadanori, IJA surgeon-general during 1890–1897 and an influential senior presence in the Army Medical Corps until his retirement in 1912. From the end of the war with Russia until his September 1912 suicide following Emperor Meiji's death, Nogi spent great amounts of time and energy consoling wounded soldiers, often visiting the severely injured men living at the Haiheiin. As a result of conversations with Nogi, the former surgeon-general created, with the technical assistance of Major Nambu Kijirō of the Tokyo Artillery Park, an artificial arm fitted with a pliers-type terminal device that Ishiguro dubbed the Nogi Artificial Arm (Nogi-shiki gishu) (see figure 3.5). Although the exact date of the creation of this arm is difficult to pinpoint, details about the process appeared in *National Medical Association Journal* (*Kokka Igakkai zasshi*) in October 1907, and the limb itself was displayed in the pavilion that Japan built at the International Hygiene Exhibition held in Dresden during May–October 1911. The Nogi Artificial Arm was never mass-produced—Nogi himself paid for the limbs that were made and distributed to a small but unknown number of amputees—but it holds the quiet distinction of being one of the world's first modern-day functional prostheses.[71]

The joint distribution of artificial limbs by empress and army expanded during the 1930s. On the eve of the invasion of Manchuria, the IJA released an instruction to the effect that it would use its own budget to issue one of the following artificial assistive devices to a wounded soldier depending on his needs: an artificial eye or eyes, an artificial limb, false teeth, or an abdominal brace. Tsuboi Yoshiko notes that for amputees this instruction of June 2, 1931, meant providing them with provisional prostheses; put another way, lower-limb amputees received rudimentary, short-term wooden devices but not durable metal legs designed for permanent use.[72] In the weeks soon after the September 1931 start of the Manchurian Incident, Empress Kōjun, the consort of Emperor Hirohito, renewed the practice of providing bandages and artificial eyes and limbs to wounded soldiers as imperial gifts—an arrangement actualized via Army Order for the Manchurian Incident 56 (Rikumanpu dai-56-go) of October 6, 1931.[73]

When it arrived, the new war in northeast Asia proved to be unlike any conflict that Japan had fought before, a realization that was not lost on the Army Medical Corps. The invasion of Manchuria saw a concentration of armed skirmishes from September 1931 through May 1933, including the First Shanghai Incident of early 1932, but then IJA military offensives subsided as Japanese forces assumed a garrison role in and around Manchuria. Still, Japanese casualties mounted well into the 1930s. In October 1935, the *Army Medical Corps Journal* published a breakdown of IJA wounded soldiers in Manchuria who had entered hospitals between September 1931

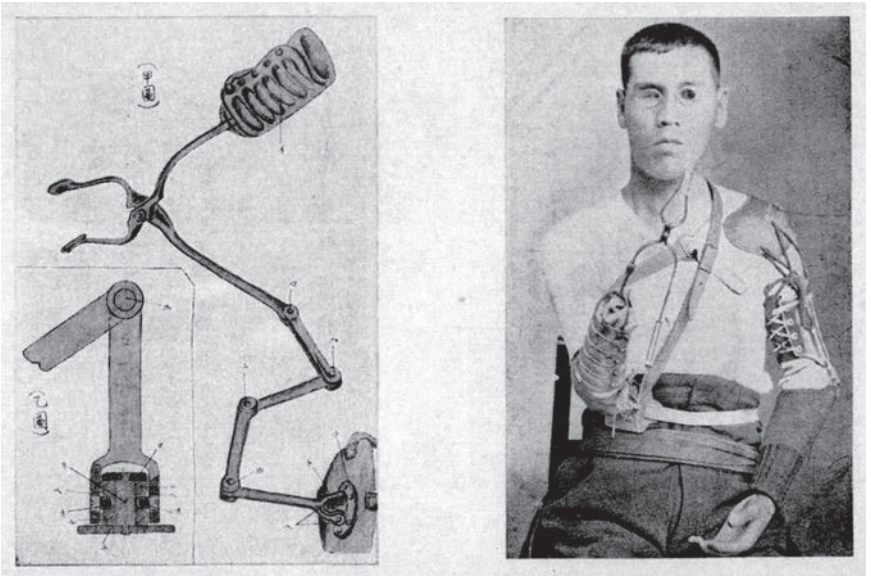

Fig 3.5. Diagram and photograph of the Nogi Artificial Arm, 1914. *Source:* Gakushūin Honinkai, *Nogi inchō kinenroku*, n.p.

and the end of March 1934. Out of 6,366 new patient admittances, 5,553 men had either small-arms injuries or artillery injuries; taken together, 1,968 of those 5,553 men had been wounded in their upper or lower limbs. Of the 1,968 men, 540 ended up being discharged from military service and thus were presumably repatriated—this was slightly more than half of the 1,059 total service discharges from among the 6,366 wounded soldiers who had entered IJA hospitals for medical treatment.[74] In April 1934, a few weeks after the close of the aforementioned tally, Gōda Hitoshi, head of the Army Medical Corps, spoke to the Japan Medical Association and told his audience that

> According to an investigation of wounded body regions from among 6,578 casualties of the current crisis the region with the highest number of wounds is the lower limbs (24.3%), followed by the head (22.2%), abdomen (19.5%), upper limbs (18.8%), belly (6.1%), chest (4.9%), and neck (3.0%). If we compare this to surveys of the wounded of the Sino-Japanese War, Boxer Rebellion, and Russo-Japanese War, then wounds to the lower limbs were highest during the Sino-Japanese War and Boxer Rebellion while wounds to the upper limbs were highest during the field and trench warfare of the Russo-Japanese War. During the Great War in Europe, lower-limb injuries were highest for the German, French, and American armies whereas for the British Army upper- and lower-limb wounds occupied the top spots.[75]

The Army Medical Corps was keenly aware that modern warfare wreaked havoc on limbs. This is not to say that all Japanese servicemen injured in the arms or legs required prostheses, but such an awareness on the part of IJA physicians helps to explain why the Army Medical Corps devoted greater resources toward developing research facilities and improved devices for men with injured limbs after 1931. Later in the same presentation, Gōda stated that in April 1932 the Army Medical Corps had created a new Orthopedics Department at the Army Medical School, which by the end of 1933 had treated 250 patients housed at its affiliated Tokyo Number One Army Hospital (the hospital that later became Tokyo Number One).[76]

The Manchurian Incident marked the first time that the IJA distributed functional prostheses to upper-limb amputees. A functional prosthesis is an artificial limb that can perform movements designed to mimic the abilities of a flesh-and-bone limb. The prosthesis technology of the late twentieth and early twenty-first centuries uses myoelectric currents generated by the human body to power the mechanisms of functional prostheses, but in the 1930s and 1940s functional prostheses were manipulated by using body motions to operate cables that enabled movement—for example, a shrug of the shoulder to draw cables that animated devices affixed to the end of the limb (such attachments are known as terminal devices). Although functional prostheses can be designed to resemble living limbs, they are more technologically advanced than cosmetic prostheses, also known as passive prostheses, which may be able to perform limited motions but only weakly apply or lever force. As previously noted, the artificial limbs distributed to amputees by Empress Shōken were cosmetic prostheses, a distinction that largely comes into play in the case of artificial arms. Lower-limb prostheses (artificial legs) are intended to bear body weight and facilitate walking, even though the rate of ambulation and smoothness of gait vary from wearer to wearer. In a sense, artificial legs can be classified as functional prostheses because they serve this purpose. But, when it came to the artificial limbs of the Meiji Period, all those given to amputees were deemed cosmetic devices.

The Army Medical Corps determined that the artificial limbs of earlier wars did not meet the needs of amputees from the fighting in Manchuria and China and thus established an Orthopedics Department at the Army Medical School, in part to advance the study of artificial limbs in Japan. This new department figured in a January 1932 initiative to expand the services of the school to provide medical treatment to patients at Tokyo Number One Army Hospital, which admitted servicemen with exceptional injuries.[77] Without a doubt, part of the rationale for creating such a department was the belief that the war would produce greater numbers of men with damaged or missing limbs than seen in earlier wars, a concern later acknowledged by Gōda in his April 1934 speech.[78] Attached to the department was a prosthesis workshop that, according to Gōda, produced

"via the close cooperation of doctors and technicians devices informed by a medical perspective and geared towards the Japanese way of life," including functional artificial arms and articulated artificial legs (see figure 3.6).[79] The Orthopedics Department expanded its diagnostic services in April 1933 to include patients located at provincial army hospitals as well as Tokyo Number One Army Hospital.[80] According to the fifty-year history of the Army Medical School, in 1934 the departmental workshop was enlarged and "commissioned with the careful creation" of the types of functional prostheses to be given as imperial gifts.[81] The manufacture and distribution of imperial gift limbs, however, fell under the control of medical supply depots managed by the IJA's Medical Services Bureau.[82] Thus, the earlier practice of contracting independent prosthetists to supply artificial limbs ended when the IJA itself began to design, assemble, and distribute limbs on the behalf of the empress.

The Army Medical School devised the first functional prosthesis that the IJA made available to upper-limb amputees, the Miyoshi Artificial Arm (Miyoshi-kei gishi), named after Physician-Major Miyoshi Masaki, director of the Orthopedics Department of the school and its attached workshop. The Miyoshi Artificial Arm was used by people with forearm (transradial) amputations; therefore Saijō, whose arm had been severed at mid-humerus,

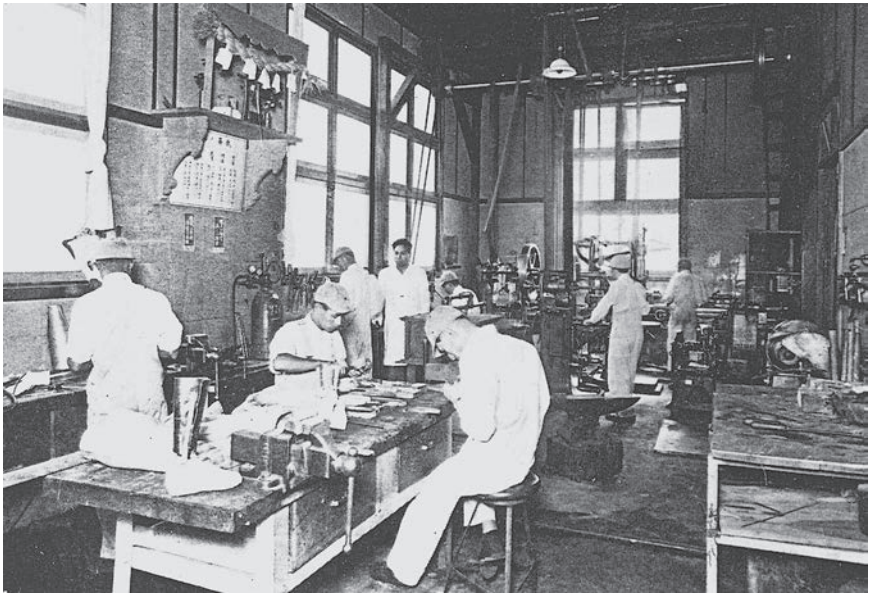

Fig 3.6. Photograph of the assembly of imperial-gift artificial limbs at the Orthopedics Department workshop of the Army Medical School, undated (early 1930s). *Source:* Rikugun Gun'i Gakkō, *Rikugun Gun'i Gakkō 50-nen shi*, n.p.

would not have been a candidate for receiving such a limb. Details about the production of the Miyoshi Artificial Arm are slim in wartime materials (the fifty-year history of the Army Medical School published in 1936 does not mention it); however, Takechi Hideo, physical therapist and author of a historical overview of the development of artificial limbs, states that the IJA completed the device in December 1933.[83] A description of how this functional prosthesis worked appeared in *Army Medical Corps Journal* in June 1942. An amputee fitted his forearm stump into a leather sheath that was secured to the stump by leather straps that slipped around the shoulders to form a harness. Flanking the sheath, which at its distal end was tipped with a prehensor (pliers-like) terminal device, were two fixed metal braces. Twisting the forearm stump and the leather sheath moved the braces in such a way that they operated the terminal device; pronation opened it, and supination closed it.[84] The Miyoshi Artificial Arm thus enabled its wearer to grip and grasp.

In July 1937, the invasion of Manchuria metastasized into the China-Japan War, which at the time was known in Japan as the China Incident; the following month, Army Order for the China Incident 70 (Rikushifu dai-70-go) of August 7, 1937, bestowed imperial gifts of artificial arms and bandages to servicemen wounded in China.[85] The Army Medical Corps preferred to give servicemen functional prostheses, but problematic aspects of the Miyoshi Artificial Arm muted IJA enthusiasm for the limb. One shortcoming was that it did not work well if the residual forearm stump was too short to allow its wearer to generate sufficient force to rotate the stump and thereby open and close the terminal device. A second issue was that the device was frail and could not withstand the physical demands of farm work, even though it was suitable for indoor use; the limb could grasp items but could not bear heavy weight or endure much wear and tear.[86] A more fundamental concern was that the Miyoshi Artificial Arm was intended only for forearm amputees; the Army Medical Corps could not supply the limb to men with elbow disarticulations, upper-arm (transhumeral) amputations, or shoulder-level amputations. The Miyoshi Artificial Arm was available, but by all accounts it was not widely distributed or used before or after July 1937.

Seeking alternatives to the Miyoshi Artificial Arm, during the late 1930s a team of medical personnel from the Army Medical School, the Army Medical Supplies Central Depot, Tokyo Number One, and Tokyo Number Three examined the Miyoshi Artificial Arm as well as all-purpose functional prostheses created in Germany in the wake of the First World War. The Miyoshi Artificial Arm was criticized and some of the German-made limbs were deemed impractical for wide distribution because they required specific surgical procedures to make them viable; for example, the Sauerbruch Artificial Arm had a metal rod that had to be inserted between the muscles of the residual stump, which then twisted the rod to work the fingers of a hand-shaped terminal device.[87] Of these German artificial limbs, upper-arm

prostheses that used friction-type and ratchet-type joints to articulate the lower sections of the limbs caught the attention of the investigators. Inspired by such devices, the team explored the possibility of creating an improved upper-limb prosthesis that was sturdy, easy to use, quickly repaired, and possible to mass-produce using domestically sourced materials. Moreover, they hoped to design a limb that was both functionally practical and cosmetically appealing.[88]

The Army Medical Corps researchers created the 1940 Army Artificial Arm (Shōwa 15-nen-shiki Rikugun gishi), which in 1940 replaced the Miyoshi Artificial Arm and became the standard functional prosthetic arm issued to serviceman amputees until the postwar dissolution of the IJA medical system (see figure 3.7). Akin to the Miyoshi Artificial Arm, the residual limb slid into a leather sheath that was secured to the stump via an around-the-shoulders harness made of leather straps. At the distal end of the sheath were specially designed joints that incorporated friction-type and ratchet-type mechanisms that allowed for the extension and rotation of a thin cylindrical steel forearm. These mechanisms were tightened or loosened via two rotary screws, one of which used friction to control the cylinder rotation while the other employed ratcheting to set the cylinder angle of extension; if an amputee wore the artificial limb on his right side, he could reach over with his left arm and use his left hand to turn the screws, and vice versa. At the far end of this cylinder lay a similar set of joints into which a terminal device could be inserted. The standard attachment was a rounded three-quarters hook, but a variety of specialized devices were also created, including ones designed to hold a brush or pen or to grasp the handlebars of a bicycle, as well as a cosmetic hand covered in leather or cotton duck.

One of the novel features of the 1940 Army Artificial Arm was that upper-limb amputees could wear it no matter the amputation site. The steel cylinder set into the leather sheath was made in three standard lengths, which meant that a longer cylinder was used if the sheath was socketed to an above-the-elbow stump and a shorter cylinder was used for sheaths placed on a forearm stump. In cases of shoulder-level amputation, a conical steel frame resembling the shape of a residual limb stump was attached to the shoulder knob via straps and a harness, and the leather sheath of the artificial arm was then attached to this frame—a design based on the Riedinger Arm devised in Germany during the 1910s.[89] Because of the differing lengths of the steel cylinder, the length of the 1940 Army Artificial Arm could be made to approximate the length of the amputee's natural limbs. The steel elements of the limb (with the exception of its terminal devices) were painted black to make them less visually conspicuous than a light-reflecting, silver-colored limb, and the lower portion of the limb could be wrapped in a detachable sleeve that gave the appearance of a fully fleshed arm when paired with the cosmetic hand attachment. As a result, the 1940 Army Artificial Arm could perform double duty as both a functional and a cosmetic prosthesis, according to the needs and desires of its wearer.[90]

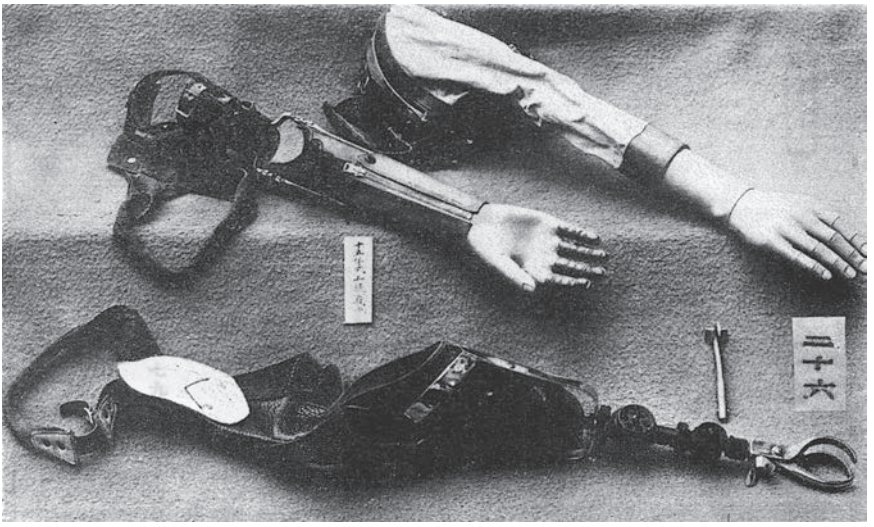

Fig 3.7. Photograph of the 1940 Army Artificial Arm, 1942. *Source:* Kashiwagi et al., "Shina Jihen ni okeru sagyōyō gishi ni tsuite," 798.

Tokyo Number Three served as the IJA laboratory for testing the 1940 Army Artificial Arm, which meant that Saijō was among the initial contingent of amputees to receive a prototype of the limb or the limb itself. Saijō went back and forth to an IJA medical supply depot two or three times to be fitted for a functional prosthesis. Although the date of his receipt of an artificial limb is unspecified, Saijō described in his memoir the device given to him shortly after his arrival at Tokyo Number Three: "The artificial arm was made of leather at the point where it attached to the amputation site and was the thickness of my upper arm. There was a pulley for the elbow joint, and in front of this was a metal rod, and also there were metal fittings equivalent to the wrist joint where a hook equivalent to fingers would be inserted." Other devices, Saijō noted, could be substituted for the rounded hook, such as gripping prehensors, a true hook, an all-purpose attachment, a gripping attachment, and a device for holding writing brushes and the like.[91] If this was not the finalized 1940 Army Artificial Arm, then it was a close prototype. After Saijō received his artificial arm, the hospital staff literally put him to work so that he would learn how to use it.

Prosthetic Training and Vocational Education

The amputees at Tokyo Number Three underwent a daily course of prosthetic training designed to prepare them for meaningful and productive occupations. Saijō and his mates had to be taught how to integrate their prostheses

into their daily lives, a multifaceted process that included learning to don and doff their artificial limbs, to grow accustomed to wearing and articulating their new limbs, and to use their prostheses to overcome activity limitations to the best of their ability. According to the team of researchers who devised the 1940 Army Artificial Arm, "At Tokyo Number Three [where we are stationed], in addition to carrying out various sorts of research on prostheses for upper-limb amputees we also planned to administer and start exercise programs [for upper-limb amputees] based on a medical perspective."[92] The goal at Tokyo Number Three was not only to *train* amputees how to use functional artificial arms but also to *study* how they used them and thereby determine whether such devices were practical. Such instruction and observation took place under the auspices of the hospital's vocational education classroom, which was housed at the southern end of the West Dormitory and thus on the northwestern perimeter of the hospital's central courtyard.[93] Saijō did not discuss his mundane familiarization with the 1940 Army Artificial Arm—learning to put it on and take it off, to adjust the around-the-shoulder harness that held the limb to his stump, and to compensate for its added weight—but he did detail the standard activities and practices that fell under the purview of occupational preparation and related to his basic prosthetic training.

On weekdays, Saijō reported to the vocational education classroom after morning calisthenics to join a group of twenty or so upper-limb amputees drawn from throughout the hospital, each of whom had had at least one arm removed between the shoulder and forearm. The men gathered in the open space to the west of the classroom building and began prosthetic training by exercising under the direction of a military physician. First, the patients strapped on their artificial arms and went through a set of conventional calisthenics. Next, each man picked up a three-foot-long rod that he incorporated into his exercises—probably in a fashion similar to how they used rods during morning calisthenics for joint flexion and postural improvement purposes. This segued into rowing exercises coordinated by the exercise director in which a patient held onto one end of the rod with his natural hand and slid the other end into a terminal hook affixed to his functional prosthesis; in this manner, the man practiced rowing as if he were in a canoe. Exercise then turned into *kenjutsu* as the amputees advanced swinging across the open space as if confronting a row of opponents. Such exercises continued throughout the morning.[94]

Afternoon exercises were work exercises in which the guiding concept was to use manual labor as practical training for future vocational success. These were divided into heavy work exercises conducted outdoors and light work exercises held indoors, and they were scheduled in weekly units that left weekends off for self-study and individual strength-building activities.[95] Heavy work exercises took place in the vicinity of the pine grove that stood to the west of the South Dormitory for officers and NCOs; there, amputees

used shovels to dig up the stumps of felled trees that had been used to construct the hospital and then filled the open holes with earth. "Of course, we did not rise to the efficiency of able-bodied people [*kenkōjin*] but even so everyone working together could dig up two or three big tree stumps in the space of about two hours," noted Saijō. Amputees also practiced using scythes, which were attached with rubber bands to the three-quarters hook terminal devices of their functional artificial arms. There was an outdoor amphitheater for cultural activities, which was located near the hospital pool, and the amputees would fan out near there and cut the grass and weeds, a slow process that for Saijō meant bending over, grasping the top of the grass with his left hand, and then slicing away at the base with his artificial arm. "We often spoke amongst ourselves, musing *if this were actual work that we had to do to live, we probably could not do it well enough to eat*," confided Saijō to his memoir, "but nonetheless our efficiency improved little-by-little as we continued this training."[96]

Heavy work exercises proceeded apace, with amputees becoming better accustomed to their new limbs and more productive over time. The design of the 1940 Army Artificial Arm with its around-the-shoulders harness meant that Saijō's left side grew as tired as his residual right arm and right shoulder; his left hand would swell because the harness needed to be bound tightly around his upper chest. At first Saijō could hardly use his artificial arm for an hour at a time and he was clumsy, but as the weeks passed, his endurance and skills grew and eventually he was able to wear the device for a full day despite the aches and fatigue that it still brought. After four weeks of heavy work exercises, the men had gained greater confidence using their functional prostheses. Around that time, the hospital staff had Saijō and his fellow amputees complete a diagnostic exercise designed to assess their proficiency at using a functional artificial arm. For men with upper-arm amputations, such as Saijō and men with shoulder disarticulations, this "functional ability examination" consisted of digging in thirteen minutes a trench 1.5 shovel lengths long, a shovel length wide, and a shovel blade deep (men with forearm amputations had ten minutes to complete the task). Amputees who accomplished this task moved to the next level of prosthetic training exercises, but Saijō noted that it usually took two months of heavy work exercises to pass the test and that some men needed even more practice than that.[97] Saijō, for his part, did not reveal when he passed the test. In June 1942, almost a year and a half after Saijō left Tokyo Number Three, the hospital was routinely administering another test in which amputees had to assemble a rifle on their laps without any help after two and a half months of heavy work training (shoulder-level amputees were given 13.5 minutes, transhumeral amputees 13 minutes, and forearm amputees 10 minutes to complete the task).[98] Changes in the war situation may have instigated adding this assessment; less than a year after Saijō left the hospital, Japan was at war with the United States.

Light work exercises may have been less physically demanding than hard work exercises, but that does not mean that they were less challenging. Primarily, amputees worked on their penmanship, which is what Saijō did. Starting with his artificial arm, he wrote line after line of *kana* (Japanese syllabary) and then *kanji* (Chinese characters) in bound notebooks with a pen, and after a while did the same with his left hand.[99] All upper-limb amputees practiced penmanship, but those whose vocational education led to their being tracked toward specific sorts of indoor work tackled more specialized skills. Men going into administrative positions learned how to use an abacus and to type with Western and Japanese typewriters, while those following industrial pursuits worked at drafting. To facilitate factory work, amputees learned to operate presses and wield tools such as rasps. Additional activities included carpentry, ironing clothes, and operating sewing machines.[100] Light work exercises sought to do more than just refine the motor skills employed when using artificial arms; their aim was to raise the psychosocial well-being of amputees by promoting active coping with their amputations and altered physical abilities.

The hospital regarded heavy and light work exercises as applied therapy designed to augment its course of fundamental therapy. In early March 1940, Physician-Lieutenant Colonel Kashiwagi Masatoshi, chief of vocational preparation education at Tokyo Number Three and one of the researchers who designed the 1940 Army Artificial Arm, explained to a group of visitors from the Army Medical School the difference between these two forms of therapy. Fundamental therapy was, first and foremost, physical therapy, and as such it employed tools that patients manipulated during physical exercise, such as wooden rods, bamboo swords for *kenjutsu*, and all the gear required for the sports practiced at Tokyo Number Three. Applied therapy, in contrast, used tools drawn from vocational fields to encourage men to improve their physical abilities, such as shovels and hoes for patients who hoped to return to farm work after being discharged from hospital care and from military duty. According to Kashiwagi, applied therapy in the form of vocational preparation education convinced men of the importance of exercise for strengthening interrelated physical abilities; using a shovel, for example, called for having a flexible torso as well as sturdy legs and strong arms. Kashiwagi informed his audience that using tools drawn from workspaces also invested men with the desire to work hard—a conviction that he believed was more keenly felt than the drive to strengthen their bodies that patients gained from fundamental therapy.[101] The vocational desires of a patient had to be taken into account because, when a patient was able to satisfy his interests, he also stoked his passion for life.

Kashiwagi illustrated his points with the example of a past patient who wanted to return to his preconscription line of work of delivering coal, which included moving coal from the hills to the city and shoveling it on and off a truck. But this man had been injured in such a way that he

could not raise his right arm any higher than shoulder level, even after four months of physical therapy (i.e., fundamental therapy). The patient lamented not only his inability to return to delivering coal but also that Tokyo Number Three did not provide any opportunities for him to practice doing such, which prompted Kashiwagi to have him spend time tending to one of the boilers at the hospital. After three days in the boiler room, the patient regained greater mobility in his right arm and demonstrated a bright, positive outlook.[102] Kashiwagi characterized the use of applied therapy via occupational guidance and preparation as "killing three birds with one stone" because it served as a form of medical treatment, helped men to learn a trade (or relearn one, as the case may be), and alleviated the tedium of hospital life.[103]

The staff at Tokyo Number Three followed its initial investigation of a patient's occupational preferences that took place during hospital admissions with a more elaborate interview that took into account the patient's medical progress in addition to his past employment and future goals. Saijō, in turn, was summoned to the vocational education classroom to answer a battery of questions conducted under the rubric of occupational guidance. Although he did not divulge when this interview took place, he did relate the types of questions asked. Armed with a patient's medical chart, the interviewer asked the patient about the current state of his medical condition and whether he wanted to return to his preconscription line of work. Subsequent questioning determined whether the patient was the eldest male child in his parents' household, the size of the patient's extended family (i.e., the number of dependents the patient had), his level of schooling, and the size of his home community. Patients were also asked about their financial situation. If the interviewer thought that a patient's medical progress and physical fitness were satisfactory, his employment goals were feasible, and his personal circumstances appeared to be disposed for vocational success, then the patient was tracked into a course of vocational preparation education deemed appropriate for that particular line of work. Some men, however, were encouraged to rethink their plans or even undergo vocational competence examinations to determine a sound fit.[104]

During his vocational guidance interview and throughout subsequent counseling, Saijō remained committed to returning to his work as a farmer. What this meant for his time at Tokyo Number Three was that Saijō's vocational preparation education centered on applied therapy via outdoors work. The hospital offered a number of daily instructional courses for vocational training, including farming, commerce, mechanized industry, electrics, drafting, printing, Western-style tailoring, sewing, typing, clock making, radio repair, confectionary, and cooking. Patients who did not find the training that they wanted at the hospital at times visited nearby factories and companies for on-the-job training opportunities. Saijō emphasized that finding the right occupation and training for it constituted "treatment for

spiritual wounds" (a phrase he probably picked up from the hospital staff) that stemmed from the ordeals of the front and grew stronger during hospital convalescence despite the joy the men felt from being home and the reprieve brought by consolation activities. Yet despite such moments, Saijō noted, "our hearts were hollow and lacked intensity." Going to work, or at the least preparing to go to work, helped the men at Tokyo Number Three to overcome their psychic wounds and dispel their worries—a form of therapy recognized by Kashiwagi and the other staff members of the vocational preparation classroom. After beginning vocational training, "Passion and a feeling of determination freely gushed forth, which we [patients] snapped up as if starving."[105]

Former patients who had undergone vocational preparation education at Tokyo Number Three occasionally returned to the hospital and testified about their reintegration into domestic society and their work experiences. In early August 1940, a carpenter named Tanaka, who lived in nearby Yokohama, visited Tokyo Number Three for repairs to his artificial arm and during his stay demonstrated how he performed fundamental carpentry tasks. The hospital staff set up a lecture hall with carpentry tools and blocks of wood for Tanaka to use to display his skills. Tanaka was a left-forearm amputee veteran who had resided at Tokyo Number Three two years earlier and as such the patients in residence regarded him as their *senpai* ("elder"). Saijō noted that Tanaka wore a "vocational artificial limb" that differed from the functional prosthesis being issued to patients at that time; in other words, he did not use the 1940 Army Artificial Arm. Nonetheless, the carpenter impressed his audience. Wielding a variety of tools that he attached to his artificial arm, Tanaka bored holes, sawed wood, and drove nails with dexterity and finesse. "Even if you have both of your hands, if you are not a carpenter you cannot make shavings like these," he boasted, according to Saijō. "I lag somewhat behind when it comes to work rate when compared to normal [*futsū no*] carpenters," Tanaka confided, "but there is no carpentry job that I cannot do." For Saijō and his fellow patients, the take-home message gleaned from observing and interacting with Tanaka and other alumni visitors was that even though his work efficiency may be impeded, with practice an amputee could succeed at tasks and thus satisfy the demands required by his job.[106]

Still, the hospital advocated guarded optimism and stressed the need to work hard. One day, the vocational preparation staff convened an assembly and read aloud a letter from a former patient who while at the hospital had passed qualifying tests in a bid to become an elementary school teacher. After leaving Tokyo Number Three, however, the man had been passed over for employment, allegedly because he was an amputee, and instead found work at a counseling center for wounded servicemen. After finishing the letter, the officer in charge exhorted the audience "Your lives are not tranquil, are they? They are still battlefields where heavy guns roars and mortar shells

explode, right? But, there is effort. There is that spirit of capturing pillboxes as human bullets. If you advance with effort, chances are you can break through the front lines with ease. Everyone, do your best! Whatever it takes, do your best!"[107]

Saijō and other patients who aimed to return to agriculture honed their efforts by working at the small farm located on the hospital grounds. Situated to the northwest of the West Dormitory, the farm provided practical activities for patients who wanted to plant crops and other flora, raise birds and small mammals, tend to fruit trees, and raise silkworms. There were storehouses for farming tools and fertilizer, plus hutches for rabbits, sheep, and foxes and coops for chickens, and in the middle of the fields sat a transfer station for carrier pigeons. In addition to plots of barley, wheat, and rape there were flowerbeds cultivated by patients, and to the north of the West Dormitory mess stood a grove of plum and persimmon trees and rows of vegetables. The patients grew eggplant, cucumber, tomato, watermelon, and squash, and the flowerbeds held medicinal plants as well as blooming bulbs. There, with Mt. Ōyama and the Tanzawa Mountains looming in the distant haze and reminding him of his hometown, Saijō practiced tilling the earth with a hoe that he grasped with his left and attached to his artificial arm with a rubber band (see figure 3.8). Other patients worked the earth with devices literally strapped to their palms. Altogether, the men on the farm grew accustomed bit by bit to using the new tools to facilitate their interaction with the soil. Aside from the equipment and animal sheds, there was a small shack set up with a foot-operated loom for processing straw into rope. Consumable products from the farm, such as vegetables and eggs, made their way to the galleys to be eaten by men in the surgical and sick wards.[108] Patients also gave produce to people outside the hospital in appreciation of acts of kindness.[109]

Patients sometimes went on work-related excursions to visit agricultural testing stations and nurseries, but the trips that left the most lasting impressions took place during the planting season when they visited nearby rural communities to assist farming families, primarily those whose sons were away fighting at the fronts. This was grueling work at times, especially when it involved getting down into the mud, but Saijō paced himself to keep from getting worn out using his artificial arm by relying on his left hand as much as possible. Pooling their labor together, patients and local farmers were able to get much accomplished, and when there was time, the men of Tokyo Number Three helped out at other farms as well. The amputee soldiers drew the curiosity of local children, groups of which would gather around the men as they toiled in the fields. "Little daddy, does that move like a real hand?" they would ask, and then, emboldened, "Where did you get hurt? Was it during an air raid?" In the process, adults sidled closer and joined in on the opportunity to ogle and hear the soldiers tell about their wounds. The village women treated the patients to tea and hot soup. Once an elderly woman

Fig 3.8. Photograph of amputee patients at Tokyo Number Three undergoing work therapy in the hospital garden, 1939. *Source:* Rinji Tōkyō Dai-3 Rikugun Byōin, *Rinji Tōkyō Dai-3 Rikugun Byōin shashinchō,* n.p. Collection of the author.

approached Saijō and told him that her son had died at the China Front, causing him to think about his buddies who had also died in China. Helping out at local farms was a meaningful experience for the patients of Tokyo Number Three. "We who up until now had only received people's sympathy and consolation now felt the satisfaction in our hearts that comes from doing things for others," Saijō related.[110] Just as Kashiwagi had hoped, but perhaps in a way that he did not expect, vocational preparation education helped the patients at Tokyo Number Three to heal their spiritual wounds.

Spiritual Health and Consolation

Tending to the well-being of wounded soldiers involved more than just strengthening bodies and enhancing chances for vocational success; it also meant raising morale, or what the IJA medico-military personnel routinely referred to as spiritual (*seishinteki*) health. Opportunities to improve the mental and emotional state of wounded soldiers did much more than merely invest men with a happy mood while in hospital; it provided them with a sense of life satisfaction that could be carried away from Tokyo Number Three and be used to help them acclimate themselves into an

at-times unforgiving civilian society. Raising patients' morale was, thus, a proactive undertaking at provisional army hospitals, which sought not as much to maintain the collective psychological solidarity of an active-duty combat unit—group cohesion for the sake of successful operational performance—but more to generate individualized feelings of self-worth that encouraged social independence and self-productivity. Thus, addressing the spiritual health of patients was a central element of the programming at Tokyo Number Three and involved a broad array of activities. In addition to using physical therapy and vocational education as means for inculcating patients with positive feelings of bodily and occupational ability, Tokyo Number Three used recreational activities to foster a sense of positive self-worth among patients and nourish their desire to reengage with society. Patients may have been kept busy with calisthenics and vocational preparation education, but there was time set aside for them to practice traditional arts, enjoy theatrical and musical performances, and spend time with visiting guests.

Morale-boosting cultural activities at Tokyo Number Three can be categorized into two general types: creative activities and performances. In the first, patients participated in cultural productions, notably via the traditional cultural practices of Noh chanting, *ikebana* (flower arranging), and poetry composition. The musical recitation of Noh chants took place in the vocational preparation classroom and apparently drew quite a crowd of enthusiastic participants, including Saijō, who grew up on the outskirts of Kyoto and was no stranger to Noh performances. Tokyo Number Three included a recreation room that held *ikebana* sessions on Saturday afternoons that were attended by a large number of patients from throughout the hospital (Saijō himself was not keen on *ikebana* and did not participate). With regard to literary production, there was a *tanka* (short poetry) club as well as a haiku club. Many of the *tanka* club sessions were presided over by Nakatsu Kenkichi, a noted *tanka* poet, with esteemed poets such as Nakagawa Mikiko joining the group on occasion to discuss poetry and assess members' compositions. "I do not understand *tanka* so well," stated Saijō, but he felt moved by the compositions of his fellow wounded soldiers. Haiku, however, was an interest held by Saijō, and he participated in the meetings convened in the tatami-mat reception room in the South Dormitory. The haiku club activities always drew between fifty and one hundred participants and were led by Yoshida Tōyō, a haiku poet, and like the *tanka* club, well-regarded poets including Mizuhara Shūoshi and Hasegawa Kanajo often visited the hospital to lead club activities. The two groups jointly produced a hospital literary journal titled *Sagamiya*, and at times members had poems published in local literary journals.[111] The utility of the *tanka* and haiku clubs was apparent to Saijō, who perceived that there was more being accomplished than simply "temporary comfort" and "the adjustment of one's thoughts"; rather, "the primary objective was the treatment of spiritual wounds." In his view,

> it is thought that the poetry clubs positively support the soul. I think that the futures of we wounded soldiers will likely be lives of hardship. Therefore, we must ready ourselves for the fact that our future lives must cut through thorny roads with more perseverance and effort than [that required of] others. It will likely be a bloody struggle for survival. Thus, harboring hearts that compose *tanka* and haiku will be extremely advantageous and gainful.[112]

After asserting such, Saijō concluded his discussion of the hospital poetry circles by expressing heartfelt thanks to Tokyo Number Three for facilitating his study of haiku.

The hospital also sponsored leisure activities during which patients consumed the cultural production of professional entertainers. Visiting cultural and literary celebrities provided readily accessible opportunities for the patients at Tokyo Number Three to enjoy performances, with the outdoor amphitheater located to the west of the South Dormitory serving as the main stage. Artists from the realms of *kabuki, kayōkyoku* (Western-style Japanese pop music), *naniwabushi* (comedic folk storytelling), and *manzai* (standup duet comedy) visited the hospital on weekends to entertain the patients and staff. One singer who certainly roused Saijō and his buddies was Kouta Katsutarō, a geisha turned pop star famous for her 1933 duet with Mishima Issei "Tokyo Dance" ("Tōkyō ondo"), a hit song of the mid-1930s. In addition to stage idols and the aforementioned *tanka* and haiku poets, notable literary figures visited to lecture; during Saijō's stay, these included a group presentation by the powerhouse trio of Hasegawa Shin, Kigi Takatarō, and Kikuchi Kan.[113] The logistics of arranging these cultural events remains unclear, but at times visiting entertainment was made possible by outside patronage, such as the two-day-long event featuring a wide variety of performances that was held at Tokyo Number Three during March 27–28, 1940, which was organized by the Tokyo City Government.[114] When the weather was bad and the outdoor stage fell dark, the interior recreation rooms of the hospital hosted cultural events—including visits by entertainers—and screened films.[115]

In addition to enjoying performances at the hospital, patients also left Tokyo Number Three and ventured as far afield as Tokyo to be entertained. Local communities in Kanagawa invited patients to attend activities that could be considered outdoor entertainment; for example, in early June 1940 the coastal city of Odawara invited patients to participate in a tug-of-war in the form of net fishing at the seashore. And residents of the Sagami Plain invited the wounded men of Tokyo Number Three to catch sweetfish (*ayu*)—rhapsodized by Saijō as "*the* fish of Japan"—along the Sagami River.[116] To the west of the hospital, the city of Tokyo not only paid for entertainers to visit Tokyo Number Three—as well as the other military hospitals in the greater metropolitan area—but also footed the bill for conveying patients around

the city and hosting cultural activities for them. The late 1930s witnessed an upswing in civic-minded efforts to thank war-wounded men for their service to the nation (for more on the rise of quasi-official civilian endeavors to support and honor injured servicemen, see chapter 4).

In December 1937, the Tokyo City Government established a Military Protection Division (Gunji Engoka) that in June 1939 fell under the authority of the newly established municipal Welfare Bureau (Kōseikyoku); the Military Protection Division oversaw the citywide consolation, recreation, and welfare activities for injured servicemen and the families of active-duty and deceased military personnel.[117] Via this administrative office, the city of Tokyo arranged activities for the inmate-patients of the local military hospitals. For Tokyo Number Three, this meant that the Tokyo City Government not only sponsored events at the hospital but also invited its patients into town for city-sponsored diversions. During 1939–1940, the Military Protection Division organized bimonthly sightseeing bus tours for Tokyo Number Three patients that drew them into Tokyo to visit attractions ranging from Ueno Park to Yasukuni Shrine.[118] The city also convened cultural events organized specifically for patients at the military hospitals; Tokyo Number Three sent men on at least three such outings during 1940, which included a *kayōkyoku* pop music concert at the Kabukiza Theater hosted by Ōkubo Tomejirō, future Tokyo mayor, and Endō Tameharu, entertainment mogul, on February 12; a "recreation festival for wounded and ill officers and men" that coincided with the similarly styled event hosted by the city of Tokyo at Tokyo Number Three during March 27–28; and another "recreation festival" hosted by Mayor Ōkubo at the Kabukiza on September 29. Over the years, untold numbers of patients at IJA hospitals located throughout the Tokyo region attended morale-boosting cultural activities that were facilitated by military officials and at times jointly organized by supportive home-front communities.[119]

Saijō, too, left the hospital from time to time to attend recreation activities or to visit IJA medical supply depots, but it took him some time to become comfortable with such excursions. He was attuned to the fact that people in the street stared at his empty right sleeve if he was not wearing an artificial arm and that "even when walking with other wounded soldiers it was me and my missing arm and hand that drew the most attention." Sometimes children saluted him in public, a situation that he found particularly distressing because he had to consider whether or not to return the salute with his artificial arm. After Saijō received a cosmetic artificial arm—he did not state whether this was distinct from the 1940 Army Artificial Arm—he felt better about being out in public but worried about bumping into people with his artificial arm. Once when riding the Odakyū train line, his artificial arm knocked against the knee of the passenger sitting next to him, who was shocked to see a gleaming white enamel hand resting against his leg. The startled reaction of the passenger resulted in Saijō's being stared at silently by all the other passengers in the train car. This unsettling experience

caused Saijō to take greater diligence when out in public and to take precautions not to let his arm come into contact with other people. Even Saijō admitted that it took time for him to get used to seeing functional prostheses being used in the vocational education films shown at the hospital; he had no problem seeing them in the flesh, so to speak, but watching them on film unnerved him for some time.[120]

Without a doubt, the most cherished consolation activities to take place at Tokyo Number Three happened on Sundays and holidays when the hospital was open for family members and acquaintances to visit patients. Consolation visits took place in the area of the hospital that Saijō and other patients called the "Ginza district," a moniker that referred to the lively shopping area in Tokyo. Situated on the north side of the hospital's central courtyard, the Tokyo Number Three Ginza featured reception rooms, a post office, a large canteen, a tearoom, and two recreation rooms. To the immediate north of these rooms, within the open area between the West and Central dormitories, sat a Japanese-style garden with stone lanterns and a pond populated by waterfowl, including mandarin ducks and long-legged white cranes. Reunions occurred not only in the reception rooms but all around this corner of the hospital; patients and visitors strolled through the garden, relaxed along the paths surrounding the hospital, and even wandered back and forth to the pine groves that fringed the western perimeter of the hospital grounds, where benches offered a modicum of privacy from "envious eyes." "Wounded soldiers forgot their illnesses," noted Saijō, "visiting parents and wives forgot the lameness [*fujiyūsa*] of the limbs of their sons and husbands, and the day passed cheerfully."[121] At 4 p.m., a siren announced that visiting hours were over, at which point guests began making their way toward the front gate of Tokyo Number Three and then to Sagamihara Station. The patients were always saddened at seeing visitors depart, and on returning to quarters, they talked animatedly about their loved ones and friends.

A procession of patriotic supporters drawn from high society visited Tokyo Number Three as part of the wartime verve for honoring battle casualties. In addition to Emperor Hirohito, other dignitaries went to Sagamihara to console wounded soldiers. Between the emperor's one and only visit in March 1939 and Saijō's admittance in February 1940, the most exalted guest appears to have been Prince Kan'in, the adopted brother of the Meiji emperor and thus Emperor Hirohito's great-uncle, who at the time of his late May 1939 visit to Tokyo Number Three was the sitting chief of the IJA general staff.[122] During Saijō's stay, a group of imperial princesses visited the hospital under the banner of the Ladies' Voluntary Nursing Association (Tokushi Kango Fujinkai), a Japan Red Cross Society affiliate made up of aristocratic bandage-rollers from the Japanese peerage.[123] Also during Saijō's residency, on May 20, 1940, the hospital erected in the garden in front of the entry hall a commemorative stone in honor of Emperor Hirohito's visit of

one year earlier.[124] In the weeks soon after Saijō left the hospital in early 1941, Empress Kōjun visited Tokyo Number Three on April 1 accompanied by Army Minister Tojo Hideki, IJA Surgeon-General Miki Yoshihide, and Kanagawa Prefecture Governor Matsumura Mitsuma; she was a frequent visitor to military health-care facilities in Tokyo proper, but this was her first trip to see the provisional army hospital in Sagamihara. The empress was received by Harada Yutaka, the third director of Tokyo Number Three, and given a tour similar to that of her husband, a major difference being that when her motorcade arrived it passed through a hospital gate flanked by rows of local bereaved families of recent military fatalities. Empress Kōjun returned to the hospital later that year on June 23—again with Tojo, Miki, and Matsumura in tow—for a three-hour stay; during both of her visits, she viewed items made and grown by patients as part of their vocational preparation education.[125]

Visitors from grassroots home-front mobilization associations flowed into domestic military hospitals following the start of the China-Japan War in July 1937. Soon afterward, Prime Minister Konoe Fumimaro's government initiated the National Spiritual Mobilization Movement, the overarching state campaign for rallying public support for the war by coordinating everyday initiatives via nationwide activities. Patriotic organizations of every stripe and size answered the call to gird domestic morale, with one result being that military hospitals experienced a surge in visitors and volunteers. Notably, women's groups mobilized their members to console wounded soldiers; the Aikoku Fujinkai, whose members had paid 666 visits to IJA and IJN hospitals during 1931–1934, visited military medical facilities 11,361 times between July 1937 and December 1938 (see color plate 3).[126] The larger Osaka-based Dai Nihon Kokubō Fujinkai, for its part, paid nearly 2.1 million visits to military hospitals between July 1937 and December 1941.[127] Established in 1932, one of the six founding articles of the Osaka group was "Let's take care of servicemen, injured servicemen, and their bereaved families as if we are their mothers and sisters," and with this type of commitment and related expressions—the Aikoku Fujinkai spoke of "being the hands and feet of wounded soldiers"—women made their way into hospitals to comfort war-wounded men.[128]

Visitors of all sorts went to Tokyo Number Three, but relatively few to console Saijō in particular. Saijō pointed out in *The Fighting Artificial Arm* that most guests came from Tokyo and its surrounding prefectures, which meant that visitors who came to see patients from hometowns distant from the capital region were few and far between. Sometimes prefectural delegations appeared at the hospital; intercoms throughout the dormitories would announce that all the patients from such-and-such prefecture or locality should assemble at a certain place and time to meet with such groups. Or sometimes consolation gifts arrived to be distributed to a particular community of patients, particularly those from the far north and south

of Japan.[129] But Saijō stated that practically no groups or gifts arrived for patients from the Kansai (Kyoto-Osaka) region. Although not well-wishers per se, every day one or two groups of volunteers arrived to help tidy the hospital grounds, wash windows, and refresh hospital supplies: village youth groups, local women's associations, and the like. Boys and girls from nearby schools tended to the beds of tulips and lilies found in the spaces around and between the dormitory bays, which bore names written on placards such as "Love Garden" and "Youth Garden."[130] In sum, a wide variety of supporters—from aristocrats to schoolchildren—spent time at Tokyo Number Three, each in his or her own way doing what could be done to raise the spirits and encourage the efforts of the wounded men living there.

And thus, Saijō spent ten months at Provisional Tokyo Number Three Army Hospital, where he and his fellow patients experienced firsthand the state's commitment to providing comprehensive care to seriously wounded servicemen through physical, vocational, and spiritual rehabilitation at provisional army hospitals. Physical rehabilitation meant returning men to health via kinesitherapeutic methods that called for patients to move and strengthen their bodies to compensate for diminished or lost functional abilities. In the process, Tokyo Number Three sought to establish regular exercise as a way for wounded men to maintain healthy bodies even after they left military service. Notably, team sports and martial arts figured into the physical exercise regimen at the hospital. Even though the hospital advocated self-rehabilitation, playing team sports emphasized that building and maintaining a strong body brought collective benefits, whether the group was a baseball team or the patient's own family. And martial arts reminded patients that Japan was a nation at war whose members must all be ready for mobilization in whatever way the state saw fit. The focus on physical fitness that structured life at Tokyo Number Three prepared wounded men for not only healthy lives at home but also active participation in home-front endeavors.

With regard to vocational rehabilitation, Tokyo Number Three provided instruction and opportunities for patients either to return to their established, preconscription lines of work or to develop skills and abilities suited for new occupations. War remakes bodies in diverse ways, and from the beginning, Tokyo Number Three served as a designated center for rehabilitating men with orthopedic injuries, particularly upper-limb amputees. Because of this commitment, the hospital staff played a pivotal role in devising new functional prostheses such as the 1940 Army Artificial Arm and employing hospital facilities to test and improve such devices. Vocational education training used physical therapy as its foundation and then built up the abilities of patients via specialized courses and activities deemed appropriate for men hoping to find certain types of employment. Thanks to the vocational education offered by the hospital, injured servicemen discovered

that, through hard work and effort, they could return to civilian society with viable work-related skills. Such a realization occurred in the vocational preparation classroom, on the hospital farm, and even in the hospital boiler room as men found that their functional abilities might be impaired but were not necessarily gone. By providing vocational training, the IJA demonstrated a concern for developing secure financial futures for war-wounded men; the patients at Tokyo Number Three may have been cut loose from the military on leaving the hospital, but that did not mean that they were cast aside. Vocational preparation helped keep Japanese injured servicemen—and their families—off the dole during the war years.

Raising the morale of war-wounded men through activities that encouraged them to produce and consume culture and to engage with society aided their spiritual rehabilitation. It came down to the IJA trying to find a way for the wounded to cope with the hours: the long days spent in hospital and the future workdays toiling in the factories and fields. Spiritual rehabilitation via poetry and pop music helped the patients at Tokyo Number Three to imagine futures as contented, contributing individuals enmeshed in the rituals and routines of daily life. Instead of keeping its casualties walled away in some remote hospital compound, the IJA made it possible for the home front to interact with the wounded soldiers of Tokyo Number Three. Supporters from seemingly every level of society went to the hospital to console its patients and, while they were there, witnessed physical feats by amputees and other patients that left visitors with the impression that these men were empowered not impaired. Injured servicemen left the hospital to play sports, enjoy cultural diversions, see the sights, and, perhaps most important, mingle with a public that was being primed to honor the war wounded. The IJA realized that it needed to give the severely wounded something to live for and that having a productive occupation was insufficient motivation. Therefore, Tokyo Number Three built play—in addition to exercise and work—into its rehabilitation programs for injured men.

The IJA did not willfully disregard the needs of its war-wounded soldiers—but that does not mean that it cared for them in a consistent fashion after 1937, and certainly not after war in China bloomed into conflict in the Pacific. In a sense, Saijō was lucky that he lost an arm at the China Front in late 1938. On the one hand, his wounding occurred at precisely the moment when the IJA was developing specialized centers at home for the benefit of amputees and other men with severe physical injuries; on the other hand, Saijō was injured at a time when the IJA could medically evacuate him from overseas because the transportation lines between home and the fighting fronts were still intact. When Saijō fell lost-to-command, his wounding was serious enough to necessitate his removal from the front, but it also required him to undergo prolonged rehabilitation to ensure his physical, vocational, and spiritual well-being. Informed by historical precedent

and fueled by the looming presence of total war, in the late 1930s the IJA began to establish health-care centers that sought to stitch wounded servicemen back into home-front society as seamlessly as possible. An institutionalized framework of caregiving was on the rise in the IJA, which on the eve of Saijō's wounding established a new type of convalescent care facility in the form of provisional army hospitals; developed a functional prosthesis designed to help men find viable employment after leaving military service; and crafted a comprehensive program of physical, vocational, and spiritual rehabilitation for the most severely injured men. Saijō could not have timed his wounding more perfectly; Tokyo Number Three stood ready for him behind the guns.

What became of Saijō? In the weeks soon after his bout of pleurisy—during which he returned to his squad and found that a number of men had left the hospital while he was ill and new soldiers had taken their places—Saijō wrote to his wife and informed her of his medical condition. For the first time, Saijō's family visited him: "Upon seeing my healthy-looking face my wife brightened and seemed relieved," he noted in his memoir. During the visit, Saijō's wife told him that the fields at home had yielded many eggplants in the summer months and now in the winter were producing daikon radishes. Such talk turned Saijō's thoughts toward farming, with the result that "my hometown did not leave my head." With new determination to succeed, but not without aches and pains because of the two months spent in the medical ward with no physical exertion, Saijō resumed his exercises and his activities at the hospital farm. At some point, he underwent a pension assessment, but his memoir does not detail such matters. On the day before his December 1940 discharge from Tokyo Number Three, his squad buddies threw him a going-away party with drinks and sweets from the hospital canteen, and the next day they walked with him to the front door of the hospital to wave him off. Saijō boarded a bus that took him to Sagamihara Station, where he caught a train bound for Odawara and, far beyond that, Kyoto. "I have taken the first steps towards a lifetime of rehabilitation," he assessed. "Now I am setting out for the front lines of rehabilitation. Instead of a gun, I depart for the front bearing an iron arm."[131] With that thought, Saijō returned home with his fighting artificial arm and, in the process, left behind him the world of the wounded soldier and entered the realm of the disabled veteran, the terrain of which is mapped out in the next chapter.

4

Protecting Disabled Veterans during Wartime

An unusual encounter took place in late 1938 when Satō Hachirō, a lyricist, sat down with retired IJA General Honjō Shigeru to chat about military support programs for disabled veterans. Satō, a poet who made a name for himself in the 1920s by writing popular children's songs, had gone to interview the old soldier for an article to be published in the November 1938 issue of *Girls' Club* (*Shōjo kurabu*), the leading Japanese magazine for young girls. Honjō's fame—or his infamy, depending on one's point of view—stemmed from his service from August 1931 to August 1932 as commander-in-chief of the IJA's Kwantung Army, junior officers from which had ignited Japan's "Fifteen-Year War" when they instigated without official sanction the military takeover of Manchuria in September 1931. In April 1933, Honjō became chief aide-de-camp to Emperor Hirohito (i.e., the emperor's personal military liaison), a post that he held until late April 1936.[1] Many people in Japan could not have imagined a more curious meeting than one between a beloved composer and a controversial military commander. But Honjō had a message to share with the children of Japan, and he believed that Satō could help him carry out that task.

Six months earlier, Honjō had been appointed the first director of the Wounded Soldiers Protection Agency (Shōhei Hogoin), the state's new department for managing military support services for disabled veterans. Or, as Satō spelled out for his young readers, "His Excellency [General Honjō] is the director of the Shōhei Hogoin that protects wounded soldiers who labored and sustained injuries for the sake of the nation."[2] Putting Honjō in charge of such an undertaking was a canny move on the part of the recently established Welfare Ministry, which had opened for business in January 1938. Honjō disdained overtly political activity, but he was a conscientious worker and a well-recognized military man whose profile would draw attention to

Fig 4.1. *Protect Wounded Soldiers Who Protected the Nation!* a postcard released by either the Shōhei Hogoin or the Gunji Hogoin, undated (c. 1938–1939). The disabled veteran in the background wears the redesigned Servicemen's Injury Badge on his chest (gold detailing clarifies that he has the War Injury version of the badge); the faceless youths marching in front of him convey the message that protecting war-wounded men is everyone's duty. Used with the permission of the Shōkeikan.

the new state initiatives for wounded servicemen. That was Honjō's task for Satō—getting the word out to young imperial subjects that they too needed to "protect" and honor the men who had been physically and mentally transformed by combat. The armed conflict in China was a "holy war," Honjō explained to a nodding Satō, with the objective of "removing the poison" of Soviet influence from China so that Japan and China could stand united. And, as the warrior told the poet and, by extension, the girls of Japan, "[Our] wounded soldiers were injured for the sake of the nation. They took our place and did the work for us. Please do not forget that. Never forget that they are the eternal benefactors of our nation and our people." To push the point home, Honjō revealed one of the guiding precepts of the Shōhei Hogoin that it had adopted following a slogan-writing contest held at elementary schools nationwide: "Protect Wounded Soldiers Who Protected the Nation!" (*kuni o mamotta shōhei mamore*) (see figure 4.1).[3]

Thousands of servicemen had become disabled veterans by mid-1938, which drove the Japanese state to consolidate its existing social services for war-wounded men and conjoin public and private assistance measures for military casualties and their kin. Even so, the accelerating war in China forced recent initiatives such as the Shōhei Hogoin to broaden state ventures even further. In July 1939, a little more than a year after its founding and exactly two years after the transformation of the China crisis into an undeclared war, the Wounded Soldiers Protection Agency became the Military Protection Agency (Gunji Hogoin), thus aligning welfare services for the war bereaved with programs for the war wounded. In this chapter, I map out the lay of the land for the state-funded welfare services for disabled veterans that emerged soon after the war began in July 1937 and that remained in place until Japan's defeat in August 1945. When wounded servicemen rejoined civilian society after being discharged from military hospitals and their military obligations, they had to navigate this terrain marked with quasi-public, quasi-private welfare services endorsed by wartime authorities. Just as it did with the strange bedfellows of Honjō and Satō, the conflict in China—soon followed by war waged throughout the Asia-Pacific region—caused seemingly disparate public and private actors to work together for the benefit of disabled veterans on the home front. In the process, "protecting the wounded" became a constant concern for a nation that, through its own struggles, slid deeper and deeper into the bog of total war.

The Woes of War

The escalation of armed conflict in northeastern China following the Marco Polo Bridge Incident of July 7–9, 1937—in effect, the start of Japan's Second World War—made the rapid expansion of military support programs a vital pursuit on the Japanese home front. A skirmish between IJA and Chinese

Nationalist troops on the outskirts of Peking spiraled out of control when neither side backed down from increasingly belligerent confrontations. Consequently, military engagements erupted in steady succession from Peking to Shanghai during autumn 1937 because of emboldened Chinese responses to IJA provocations. The Army Ministry aggrandized the China Incident (a designation adopted by the state on September 2) while limiting civilian oversight over the Japanese military by using legislative maneuvering to establish an Imperial General Headquarters to control military operations in China. The IJA and IJN leadership kept military actions independent of civilian oversight by categorizing the fighting as an incident (*jihen*), which unlike a declared war (*sensō*) would be handled by the army and navy command without direction from the civilian government.

Two developments necessitated the expansion of military support in late 1937: the mass call-up of servicemen and the swift rise in battle casualties. In January 1937, the IJA consisted of 247,000 servicemen; by the end of December 1937, the IJA had mobilized 600,000 troops for the China Incident.[4] As had been the case during the Russo-Japanese War, the active-duty ranks were reinforced by large numbers of men drawn from the vast pool of reservists, which meant that conscription once again reached deep into the Japanese countryside. As more and more IJA divisions went to China, battles became increasingly pitched and involved greater numbers of servicemen. The number of Japanese military casualties in China, which had been fairly low prior to July, skyrocketed. By early November, IJA casualties amounted to 9,000 killed-in-action men and 40,000 wounded troops.[5] The number of men mustered for war and the casualty count unnerved a civilian home front that had been led to believe that Chinese resistance to Japanese military operations would remain effete and nonproblematic. Seeking to bolster popular support for the undeclared war, Home Ministry officials had already begun efforts at rallying the public via "spiritual mobilization" initiatives. In mid-September, the Home Ministry held meetings between central officials and prefecture-level administrators to set the parameters of spiritual mobilization.[6] In October 1940, quasi-public spiritual mobilization became more deeply entrenched thanks to the state-driven Imperial Rule Assistance Association (Taisei Yokusankai) movement, during which Japan's neighborhood associations (*tonarigumi*) took up much of the responsibility for managing the grassroots mobilization of the home front. Until the end of the war in August 1945, military support programs for wounded servicemen, disabled veterans, and their kin transcended specific campaigns and figured prominently in total war mobilization.

Finding sufficient funds for military support programs challenged the Home Ministry, which during the first six months of the China Incident relied on charitable donations and extraordinary increases to its operating budget to extend assistance to military families in need. Military action in China undid government spending projections for fiscal year 1937 and in October

drove the Army Ministry to propose to the Imperial Diet a national general mobilization bill that would place Japan's business sector on a wartime footing and thus under state control. Civilian politicians defeated that measure for the time being, even though army leaders argued that general mobilization would strengthen national morale.[7] Meanwhile, military expenditures rose, ultimately totaling ¥3.95 billion for fiscal year 1937, ¥2.5 billion of which was spent in the weeks soon after the Marco Polo Bridge Incident.[8] As more state money went to the Army and Navy ministries, the Home Ministry felt the squeeze when it came to extending financial aid to servicemen in need via the Military Assistance Law. In the initial national budget for fiscal year 1937, the Diet had earmarked ¥3.84 million for the Home Ministry to use for military assistance, but after the outbreak of the China Incident, those funds proved insufficient. In late July, the Home Ministry began collecting charitable donations from the public for distribution via state-managed military support programs. Probably alarmed by such soliciting by the Home Ministry, the Diet committed an additional ¥15 million for military assistance in September and then ¥5 million more in October. Another increase followed in early 1938. By the end of March 1938 (i.e., the end of fiscal year 1937), the government had raised the amount of state funds for military assistance by a staggering ¥35.2 million to just over ¥39 million.[9] Supplementing these monies were ¥3.6 million in private donations that had been collected by the Home Ministry between August 1937 and early January 1938.[10] Ultimately, the state extended nearly ¥34 million worth of assistance to servicemen and their families during fiscal year 1937 under the auspices of the Military Assistance Law and its predecessor, the Military Relief Law (see table 5). This was a tenfold increase in the amount of military assistance distributed during fiscal year 1936 (see table 2 in chapter 1).

In addition to the official aid provided via the Military Assistance Law, the Home Ministry gave unofficial assistance to individuals outside the purview of that law. After the Military Relief Law was remade into the Military

Table 5 Military Assistance Law: Assistance recipients and amounts of assistance, 1937–1941

Year	Number of recipients	Amount of assistance (¥/year)
1937	1,357,557	33,917,917
1938	2,107,326	84,691,750
1939	2,077,792	79,065,205
1940	1,582,113	57,899,680
1941	1,807,994	72,384,384

Source: Chūō Shakai Jigyō Kyōkai, *Nihon shakai jigyō nenkan* (various years), reprinted as "Hyō V-50: Gunji fujo hō ni yoru hifujosha zu, fujohi no suii," in Ikeda, 743.
Note: Figures for 1937 include relief recipients and relief amounts covered by the Military Relief Law prior to its March 1937 revision as the Military Assistance Law.

Assistance Law, the new law stipulated that only individuals living in the same households (*setai*) as servicemen-in-need were eligible to receive state-funded assistance. This change from the preceding Military Relief Law, which had used the term *family* or *house* (*ie*) rather than *household*, meant that the Military Assistance Law employed the language of Japan's Civil Code (Minpō), which covered legal matters such as inheritance rights. Thus, under the Military Assistance Law individuals not listed in the official family register of a legally defined household such as common-law wives and children—in other words, de facto but not de jure dependents—were ineligible for aid. This qualification appeared in the newly enacted Military Assistance Law just months prior to the start of the China Incident, but the war raised the number of applications for military assistance to unanticipated levels. Recognizing that many individuals in need were ineligible for help via the Military Assistance Law, the Home Ministry decided to provide extra-legal aid to such individuals. Funds from private donors and the National Treasury began to flow out of the Home Ministry into the hands of families not covered by the Military Assistance Law. In this way, by the end of fiscal year 1937 over ¥27.5 million in unofficial, extra-legal assistance went to servicemen with common-law dependents.[11]

The issue of how best to provide assistance to military households nationwide led the state to turn to private-sector associations for help. Back in February 1934, the Home, Army, and Navy ministries had convinced ten private military support associations to coordinate the assistance that they provided to servicemen of the Manchurian Incident. The impetus for such an arrangement was an approaching March 3, 1934, deadline that called for reducing wartime levels of financial assistance back to peacetime levels (under the Military Assistance Law, the amount of aid available to eligible servicemen was higher during periods designated as wartime).[12] Concerned that the public might interpret this transition as a signal that servicemen no longer needed consolation or support, the state sought to invigorate private-sector military support associations by establishing parameters for the services that they each provided. A coordinating committee made up of representatives from the country's leading military support associations would regulate the nature and extent of the activities of each group. For example, under this government-drafted agreement the Japan Red Cross Society consented to provide health-care-related assistance, the Aikoku Fujinkai complemented such activities, and the Teikoku Gunjin Kōenkai assisted in such endeavors in instances deemed acceptable by the committee. In contrast to health-care services, other committee members such as the Chivalrous Relief Society (Gisaikai), which had been created in 1919 and later boasted retired Army Minister General Ōshima Ken'ichi as a president, focused their activities on occupational support services. The ten groups thereby established on March 1 a Central Committee for Military Assistance (Gunji Fujo Chūō Iinkai) to regulate their own activities.[13] In effect, the

creation of the Central Committee facilitated the subsequent mobilization of private support services; although the state did not direct the activities of the members of the Central Committee, in early 1934 it established how each group figured into the big-picture view of military support activities on the home front.

Working with the Central Committee for Military Assistance enabled the state to muster military support on the home front soon after the start of the China Incident. On July 24, 1937, the Home Ministry's Social Affairs Bureau hosted a meeting with representatives from each member of the Central Committee and the Personnel Sections (Jinjikyoku) of the Army and Navy ministries. Home Ministry officials informed attendees about the shortfall in funding for state-run military assistance programs (this was prior to the influx of additional funding by the Diet) and asked them to help the Social Affairs Bureau with the distribution of aid so as to tamp down redundancies and omissions.[14] Each of the representatives reaffirmed the commitment of his or her group to assist servicemen in need, despite the financial difficulties posed by the conflict in China. They also pledged to maintain harmony between their complementary yet distinct undertakings.[15] Similar compacts had been made by the Central Committee in previous years—this was the fourth such avowal since March 1934—but for the first time since the enactment of the Military Assistance Law, the Home Ministry telegraphed to private-sector groups that the state was not able to keep pace with the rising demand for assistance. Despite the economic constraints of the day, in August the Home Ministry and the Central Committee for Military Assistance drew up an apportionment schedule for the distribution of ¥760,000 from government coffers into committee-member accounts by the end of fiscal year 1937. That same month the Social Affairs Bureau intuited that the amount of funds being disbursed to these private groups to help them maintain their operations would probably increase before the end of the year.[16] In September, the Diet appropriated more funds for military assistance, but the ties that connected state and private military support programs had already begun to draw tighter.

In late 1937, the state took a decisive step toward not only consolidating military support services but also enacting specific support programs for disabled veterans. On November 1, the Home Ministry established within its Social Affairs Bureau a new Provisional Military Support Division (Rinji Gunji Engobu) responsible for managing "military assistance, the protection of disabled veterans, and vocational placement and other affairs related to military support."[17] *Home Affairs Report* (*Naimu jihō*), the monthly digest of the Home Ministry, characterized the division as a means to "positively establish the protection of disabled veterans and related measures." The Home Ministry assigned nearly ¥125,000 to the division for the remainder of fiscal year 1937 and set an annual operating budget of slightly over ¥410,000 for 1938.[18] The Provisional Military Support Division held considerable

financial authority because it directed the allotment of aid via the Military Assistance Law as well as the unofficial state military support expenditures. The division consisted of three sections, each of which oversaw a distinct area of military support. The Military Assistance Section (Gunji Fujoka) handled the Military Assistance Law, while the Labor Management Section (Rōmu Chōseika) was put in charge of employment at munitions programs, the enforcement of the Military Conscript Occupational Security Law, and the occupational protection of discharged servicemen. The third section, the Wounded Soldiers' Protection Section (Shōhei Hogoka), held sway over the Shōheiin and the medical and vocational protection of disabled veterans. This was the first bureaucratically organized office of the Japanese state dedicated expressly to supervising national programs for disabled veterans. The location of disabled veterans affairs under Home Ministry jurisdiction proved to be short-lived, but the diversification of state-managed military support services and the uncoupling of assistance programs for disabled veterans from like-minded programs for servicemen-at-large remained in place for the duration of the war.

Yamazaki Iwao, head of the Social Affairs Bureau, clarified the ethos of military support and the nature of the Provisional Military Support Division programs in an article published in the November 1937 issue of *Our People* (*Shimin*), the journal of the Central Society for Repaying Virtue (Chūō Hōtokukai), a Home Ministry–backed association that had promoted rural self-revitalization since the early 1900s. Calling the Military Assistance Law "the pivot point for military support programs in our country," Yamazaki detailed the basics of that law and the essential features of state-managed assistance. Recipients of official aid via the Military Assistance Law received no more than 35 sen in relief per person per day (50 sen if they were living in Tokyo or Osaka); however, common-law dependents were not eligible for assistance. In addition, Yamazaki noted, private associations—he identified by name the ten members of the Central Committee for Military Assistance—were extending aid to individuals not covered by the Military Assistance Law. Along with the official protections granted by the Military Conscript Occupational Security Law, Yamazaki praised the "self-starting voluntary projects" of private actors guided by the spirit of mutual assistance. To help coordinate local initiatives, the Home Ministry had invited other ministries to form a Home Front Support Liaison Committee (Jūgo Kōen Renraku Iinkai) to promote the even distribution of support services, strengthen the unity of the home front, and prepare notices (printed signs, etc.) that would convey guidance to the people. Yamazaki intoned that, even though protections for disabled veterans and others may seem like postwar concerns, they now required "thorough preparations" and "prudent consideration" by both state and society.[19]

The wide-scale expansion of national welfare services in early 1938 brought tremendous changes to the state's military support programs. As

Gregory Kasza and others point out, the idea for a new ministry for orchestrating national health and welfare policy had circulated among the army leadership during the years immediately prior to the outbreak of the China Incident (IJA Surgeon-General Koizumi Chikahiko had called for one in as early as 1935). A driving concern behind the Army Ministry advocacy for a health ministry was a discernible rise in the number of men deemed unfit for Class A military conscription because of poor physiques or weak physical constitutions; in military eyes, the health of the nation needed overall improvement.[20] The army found its attempts to establish such a ministry blocked by its fellow ministries and by civilian politicians wary of the rising influence of the army over national affairs, particularly after the failed military coup d'état of February 1936; however, in June 1937 newly appointed Prime Minister Konoe Fumimaro put his weight behind the creation of a social health ministry. By that time, the army's worries had been corroborated: *Race Hygiene* (*Minzoku eisei*), the journal of the Japanese Association of Race Hygiene (Nihon Minzoku Eisei Kyōkai), carried a report in July 1937 that compared the annual results of conscription physical exams and warned that "the physiques of conscription-aged youths are deteriorating year by year." According to that study, during the late Taishō era (i.e., the mid-1920s) 250 out of every 1,000 examinees had been judged physically unfit for military service; by 1935 that number had risen to 400 out of every 1,000 examined youths.[21] On July 9, 1937, the Konoe Cabinet approved the new Welfare Ministry, which commenced operations on January 11, 1938, with Kido Kōichi, a member of the Upper House and the sitting Education Minister, serving as the first welfare minister.[22]

The wartime Welfare Ministry sought to increase the strength and advance the standing of the nation by improving the physical fitness, health, public hygiene and sanitation, social well-being, labor, and social insurance of imperial subjects—a "five-bureau, one-agency" apparatus consisting of five internal divisions and one external agency. At the time of its founding the Welfare Ministry defended its own existence via an article in *Weekly Report* (*Shūhō*), a publication of the Cabinet Information Division (Naikaku Jōhōbu; the division was elevated to a bureau in December 1940) that relayed news about ministerial affairs. The article noted that the state had previously paid scant attention to "people problems" such as health and physical fitness, even though other "civilized nations" regularly addressed such issues. If Japan was to be "the guiding power in East Asia and a world leader," then it must actively safeguard the health and welfare of its people. Moreover, the China Incident—"truly a great national achievement in our country's history"—made such an undertaking essential because, on the one hand, the conflict in China demanded physically fit bodies able to carry out the work of the nation both at home and abroad and, on the other, greater numbers of military families were being adversely affected by the war. Maintaining and raising the spiritual and physical strength of the

nation writ large, which would enable Japan to prevail in its war with China, had become a paramount concern that argued for the creation of the Welfare Ministry.[23]

The establishment of the Welfare Ministry repositioned disabled veterans within state affairs in two significant ways. First, the Home Ministry's Provisional Military Support Division, as well as its Social Affairs Bureau and Sanitary Bureau, moved to the new ministry (overall, one-third of all Home Ministry personnel migrated to the Welfare Ministry).[24] In fact, much of the Welfare Ministry consisted of existing bureaus and offices of the Home, Education, Commerce and Industry, and Communications ministries—a realignment that smoothed its inauguration. Thus, military support programs and state programs for disabled veterans now fell under the control of the Welfare Ministry. Second, the relocation placed disabled veterans affairs squarely in the category of welfare services (*kōsei jigyō*), which "embodied a human resources (*hitoteki shigen*) perspective on policy" rather than an economics-centered focus.[25] The Japanese state's embrace of welfare work—an act made manifest by the birth of the Welfare Ministry—marked a conspicuous shift away from its prior fondness for social services (*shakai jigyō*) that regarded poverty as the root of social problems. Now, tending to the physical needs of the nation in addition to relieving the financial woes of the poor characterized the state's social policy agenda. To be sure, poor relief still had its place, and neither the concept nor the term *social services* disappeared from official discourse, but the march toward total war mobilization led the Japanese state to meet military needs by marshaling Japanese human capital.[26] Welfare work strengthened national defense, which called for the home front to supply healthy bodies for military purposes and to support its servicemen as well as the state military objectives. Within the crucible of an emerging total war, repositioning disabled veterans affairs under the rubric of welfare services and the management of the Welfare Ministry seemed nothing less than common sense in the eyes of the state.

Institutionalizing Military Protection

Devising welfare services for disabled veterans of the China Incident became an active concern of the state in late 1937—a development that probably reflected the hopeful mood of the day. In mid-December, IJA forces in China captured Nanking, the capital of Chiang Kaishek's Nationalist government, a victory that set in motion the brutal IJA occupation of the city and surrounding region and the slaughter of countless Chinese civilians and soldiers.[27] Back in Japan, the home front knew nothing of the horrors unfolding in Nanking, but the fall of the Chinese capital suggested that a turning point had been reached overseas. A sense that the war might be winding down began to rise, not just among the general public but also

within the government. The same week that Nanking fell, Admiral Suetsugu Nobumasa became Home Minister and convened an assembly of Home Ministry personnel during which he impressed on his new staff that victory in China had been decided and it was now time to start focusing on bringing the conflict to its conclusion.[28] This was a premature assessment, but in late 1937 the hope floated in Japan that shifting the attention of the country to ostensibly postwar concerns such as welfare programs for disabled veterans was a timely and prudent reorientation. In actuality, the mass production of wounded servicemen, Japanese or otherwise, had just begun.

The new state efforts to increase support services for disabled veterans had their roots in the Home Ministry. In early December—roughly six weeks before it formally relocated to the Welfare Ministry—the Provisional Military Support Division of the Home Ministry's Social Affairs Bureau assembled a task force to make policy suggestions for disabled veterans affairs. *Medical Currents Report* (*Ikai jihō*), one of the leading Japanese professional journals for civilian medical practitioners, reported on the goals of the task force, noting that it was now time for the state to begin establishing "post-Incident" support services for veterans. The twelve-person commission, which included army and navy physicians, Home Ministry officials, and an administrator from the Shōheiin, met at the home minister's residence on December 12 and discussed restructuring the Shōheiin, the "perfection of reeducation facilities," and the expansion of health centers for disabled veterans—developments that, in the words of the journal's editors, would have "great implications for our world," namely, that of Japan's medical professionals.[29] During the course of its deliberations, which continued four days later, the commission pointed out that Japan had no institutions for soldiers with mental trauma and no work-therapy facilities or orthopedic therapy facilities for disabled veterans (aptly, the Shōheiin was deemed ill-suited for such matters). The commission recommended creating vocational rehabilitation facilities that included repair shops for artificial limbs, training centers for workplace skills, and similar sorts of educational facilities. The commission took the stance that disabled veterans needed social protections that would enable them to overcome the psychosomatic trauma caused by the injuries that had left them "handicapped" (*furieki*) compared to able-bodied workers, and so the task force suggested that some new law might offer disabled veterans those protections. Even if new legislation did not materialize, the commission concluded that the disabled veterans of the China Incident would require ongoing preferential treatment not only at "protective facilities" but also from the general public, which could be fostered via educational and moral suasion campaigns.[30]

The Welfare Ministry took up the task of expanding the range of state-funded protection services for disabled veterans and, in the process, adopted many of the recommendations made in late December 1937 by the Home Ministry commission. On January 15, 1938, four days after the Welfare

Ministry opened for business, the Diet released an imperial order that instructed the new ministry to convene a group of government officials and private-sector specialists to examine current measures and propose future directions for disabled veterans affairs.[31] Welfare Minister Kido was put in charge of a forty-three-member Advisory Council on Protection Measures for Disabled Veterans (Shōi Gunjin Hogo Taisaku Shingikai), whose members hailed from eleven ministries, a handful of Cabinet-level planning offices, both houses of the Diet, and the faculty of Tokyo University Medical School. Notable figures sitting on the council included then-Deputy Navy Minister Yamamoto Isoroku (the architect of the IJN attack on Pearl Harbor), then-Deputy Army Minister Umezu Yoshijirō (who, in his later capacity as army chief-of-staff, served as the Japanese military signee of the formal Instrument of Surrender concluded with the Allied powers), and Yoshida Shigeru, a "new revisionist" bureaucrat (not to be confused with the future prime minister with the same name) who held a seat in the Upper House and staunchly supported national mobilization under military guidance.[32] The council members met on January 17 and carved out of its ranks a nineteen-member task force to investigate and report back to the full council.[33] The task force met five times to compile its findings before presenting its final, confidential report to the full council on January 27.

The report issued by the Advisory Council on Protection Measures for Disabled Veterans set the parameters for the subsequent state-supported welfare services for disabled veterans that remained in place until Japan's defeat in August 1945. Formally titled "A Report on Measures That Should Be Adopted for the Protection of Disabled Veterans," it called for the state to return disabled veterans to "premobilization conditions" via protection services that aimed at the "social and economic revival" of such men. The proposal identified three general areas for improvement: the preferential treatment of disabled veterans by state and society, education and moral suasion for disabled veterans as well as the public, and protection facilities for disabled veterans. (These were the same three areas identified by the Home Ministry Provisional Military Support Division in December 1937.) Instead of enacting new legislation covering disabled veterans affairs, the Welfare Ministry council recommended establishing a new government agency that would coordinate protection services for disabled veterans. The proposed agency would combine medical and vocational rehabilitation services for veterans under one bureaucratic roof, thereby instituting under Welfare Ministry guidance a civilian-managed welfare system for disabled veterans (the medical care and physical rehabilitation of wounded soldiers prior to their discharge from military service, such as the treatment received by IJA Private First-Class Saijō at Provisional Tokyo Number Three Army Hospital, remained under army and navy control). Overall, the report stressed that state-managed efforts at reintegrating disabled veterans into society required "appropriate cooperation" with private-sector actors.[34]

The Advisory Council report first addressed the issue of encouraging the preferential treatment of disabled veterans, which it suggested could be accomplished in several ways. For example, disabled veterans should be granted free admission to public and private "culture and recreation institutions"—museums, gardens and zoos, and the like—and their attendance at national celebrations and ceremonies ought to be encouraged. The council also recommended revising the pension system to improve measures for "maintaining the livelihood" of disabled veterans and their families. In terms of specific changes to the system of financial benefits granted by the Military Assistance Law, the report proposed subsidies for covering the schooling costs of the children of disabled veterans and the legal expansion of aid eligibility to include the common-law dependents of servicemen. One proposition of subsequent consequence concerned the creation of state-funded facilities for the guided assistance of disabled veterans in their daily lives. Such consultation centers would help disabled veterans to overcome any financial, domestic (i.e., home life), vocational, and matrimonial issues they might face after rejoining civilian society.[35]

Closely related to the rallying of preferential treatment was the second area for improvement recommended by the report, which centered on improving the views of disabled veterans held by society and by disabled veterans themselves. Council members wanted to instill in both groups the belief that disabled veterans were "model citizens" and opined that educating disabled veterans about their own accomplishments while also conducting moral suasion campaigns for the public would do the trick. The edification of disabled veterans would serve multiple purposes. For example, the report cited vocational rehabilitation, which would "lift the spirits" of disabled veterans while they sought employment. The spiritual succor of disabled veterans could also be achieved by reforming the societal view of military casualties. By having the nation express "consolation and appreciation for disabled veterans," those men would strengthen their sense of self-worth. To that end, the report stressed the need for the general public to display "warm feelings for disabled veterans during the course of everyday life," which would require "proper guidance" from the state. Moral suasion was not just for adults, admonished the council, which called for including more lessons about disabled veterans in textbooks so that schoolchildren could develop greater appreciation of war-wounded men.[36] Rather than waiting until the sixth grade for students to discover a disabled veteran of the Shōheiin in their ethics readers, as they did beginning in the 1920s, children should become familiar with disabled veterans and praise them at an earlier age.

The third area of improvement concerned state-funded protection facilities for disabled veterans, which the council believed should be of two types: health-care facilities and vocational guidance centers. The health-care (or medical) facilities that the council hoped to see included treatment resorts for wounded soldiers and disabled veterans, particularly therapeutic baths

and hot springs, tuberculosis sanitaria, and specialized institutions for ex-servicemen afflicted with psychological trauma. One of the few recommendations made by the report regarding existing facilities concerned the Shōheiin. Rather than continuing it as a residence for injured pensioners with a wide variety of physical injuries as deemed eligible by the Pension Law, the council pushed for the restructuring of the Shōheiin as a facility only for veterans with extraordinarily serious injuries and for elderly veterans unable to be cared for at their own homes. Meanwhile, new vocational rehabilitation centers placed throughout Japan would make job-training programs available to veterans with all sorts of injuries. These sites would feature classrooms, workrooms, and even storefronts through which trainees could accept consignment work; in addition, these training centers ought to include workshops for the production and repair of prostheses and orthoses (walking canes, etc.). The council also advocated creating occupational guidance counselors, who would help disabled veterans to be matched "without regret" with work deemed appropriate for their physical and medical conditions. In this way, the return-to-the-workplace protections provided by the Military Conscript Occupational Security Law should be upheld, and job placement services should be established for disabled veterans who entered military service without a history of previous employment.[37]

In addition to state-funded undertakings, the council advocated promoting the activities of various private support groups that either worked for or were created for disabled veterans. In its concluding remarks, the report called for the creation of an "Imperial wounded soldiers protection agency" to oversee and administer national and local welfare services for disabled veterans. An accompanying prospectus suggested that the agency be legally established and gain status as an incorporated foundation. Its essential operations were to be funded from the national treasury, and the agency would either manage or subsidize health care, vocational rehabilitation, and other necessary programs for disabled veterans. The national government would appoint its executive director and retain the authority to dissolve the agency once its programs were no longer deemed necessary. In addition to establishing said agency, the Advisory Council recommended that the state encourage the programs of the Greater Japan Disabled Veterans Association (Dai Nihon Shōi Gunjinkai), an initially private-sector group founded in February 1936 as a "character-building organization" for disabled veterans that became a favored charity of Empress Kōjun and that from December 1936 onward was subsidized and managed by the Army, Navy, and Home ministries (the association became an incorporated foundation in September 1938).[38] Thus, the state gained control over the largest association for disabled veterans in the country, which soon thereafter began to open branch offices nationwide and supplanted existing local or military unit-based groups for disabled veterans.

The government acted promptly on the Advisory Council's recommendations and on April 18, 1938, opened the Wounded Soldiers Protection

Agency (Shōhei Hogoin) as an extra-ministerial organ of the Welfare Ministry.[39] According to Article I of the bylaws released at the time of the founding of the agency, "The Shōhei Hogoin falls under the jurisdiction of the Welfare Ministry and administers affairs related to health care, vocational rehabilitation, and other protective services for servicemen and equivalent persons who sustain injuries or contract diseases during combat and other official duties (i.e., disabled veterans)."[40] The central administration of the agency consisted of a director, deputy-director, and bureau heads for its two internal divisions (planning and operations). Separate from its professional staff, the Shōhei Hogoin had a five-member advisory board and a fifteen-member executive council whose members were appointed by the welfare minister and the Diet. Specialists drawn from Japan's academic and financial sectors provided the Shōhei Hogoin with technical expertise. Four days before the agency opened, Welfare Minister Kido recruited General Honjō Shigeru to be its first director.[41] Installing a prominent retired officer such as Honjō to lead the Shōhei Hogoin sent a clear signal to all observers that the agency and its programs were not to be taken for granted.

By April 1938, the illusion that the fighting in China would soon end had disappeared and left in its wake visions of a protracted war that demanded greater unity between Japan's fighting and home fronts. About three weeks prior to the establishment of the Shōhei Hogoin, the Konoe Cabinet finagled unlimited state control of the national economy via the National General Mobilization Law (Kokka sōdōin hō) of April 1, 1938, which allowed the government to set targets and limits on economic production, stockpile key resources, and regulate wages and the prices of goods, among other powers. That same day, the Diet promulgated the Social Services Law (Shakai jigyō hō), which gave the government the authority to oversee private organizations that provided charitable social services. Although such philanthropic undertakings—child and mother services, health insurance programs, and the like—closely resembled the protective services for servicemen, the state had already disassociated military support from civilian social work initiatives. The Welfare Ministry report that effectively created the Shōhei Hogoin asserted that "the intent [of protective measures for disabled veterans] differs from that of general forms of benevolence and aid"—a view in line with the separation of military assistance programs from poor relief.[42] As such, the encroachment by the state on private social services via the Social Services Law had few if any practical effects for the world of the disabled veteran. Moreover, as shown in the birth of the Welfare Ministry, social services were being swallowed up by state-guided wartime controls and reconstituted as welfare services.[43] Still, the genesis of discrete support programs for disabled veterans took place at a time when Japan and its people had resigned themselves to being in a state of crisis for the foreseeable future, and with it, to coping with an unremitting casualty count.

The creation of the Shōhei Hogoin required administrative reshuffling in the Welfare Ministry. Before the dust even had time to settle after the

establishment of the ministry, the Wounded Soldiers Protection Section of the Provisional Military Support Division detached from that division and became the Shōhei Hogoin. At that time, the ministry was adding a new Vocational Division (Shokugyōbu) to its bureaucratic infrastructure, so the Labor Management Section of the Provisional Military Support Division was dissolved and its duties transferred to that division. As a result, the Provisional Military Support Division retained only one of its three original sections—the Military Assistance Section, which controlled the allocation of financial aid via the Military Assistance Law. That duty proceeded apace. Under the budget for fiscal year 1938, the Military Assistance Section planned to distribute over ¥72 million to military support programs that ranged from scholarships for the bereaved children of dead servicemen to the livelihood aid funds disbursed via the Military Assistance Law. In addition to managing state-funded assistance and allocating donated monies to official and unofficial programs, the Military Assistance Section served as the institutional liaison of the Welfare Ministry with private military support associations.[44] Moreover, the Military Assistance Section was tapped to oversee the guided assistance facilities called for by the Advisory Council. In October 1938, a Bereaved Families Support Section (Izoku Engoka) joined the Military Assistance Section within the Provisional Military Support Division.

"Appropriate Cooperation" between State and Society

The Shōhei Hogoin wasted no time enacting many of the recommendations of the Advisory Council on Protection Measures for Disabled Veterans. An article in the May 1938 issue of *Home Affairs and Welfare Report* (*Naimu Kōsei jihō;* the successor to *Home Affairs Report*) listed some of the projects begun by the Shōhei Hogoin soon after it opened. With regard to educational and moral suasion, the agency started producing motion pictures and "character-building printed materials" for disabled veterans, posters and "literary works of all types" for the general public, and plans for an annual "appreciation week" devoted to military casualties.[45] During late June, a team of ten speakers made the rounds of home-front army and navy hospitals, where they informed patients about the aims and services of the Shōhei Hogoin. In addition, an Army Ministry–produced short film about military support services was shown at military hospitals, and a feature-length film about disabled veterans had been commissioned for national release from Shōchiku Studios, one of the leading motion picture companies in Japan. The July issue of *Home Affairs and Welfare Report* stated that the agency had chosen sites for eighteen of twenty-five planned health-care centers for disabled veterans and that ten hot springs sanatoria and one psychiatric institution were in the process of being established. The first to open was the 500-bed

Chiba Sanatorium for Disabled Veterans (Shōi Gunjin Chiba Ryōyōsho), a vast tuberculosis hospital east of Tokyo with a ¥750,000 price tag that commenced operations on December 3, 1938, with much official fanfare as a "wounded soldiers' paradise."[46] The state also began building two vocational reeducation centers, one in Osaka and the other in Fukuoka Prefecture (in 1906, both sites had been slated for branches of the Haiheiin, which never materialized).[47] The Shōhei Hogoin budget for fiscal year 1938 totaled just over ¥35.3 million, ¥22.7 million of which was earmarked for building health-care and vocational protection facilities with the remaining ¥12.6 million allocated for the operating costs of the agency, outreach projects, and the Shōheiin.[48]

A project whole-heartedly embraced by the Shōhei Hogoin was the spiritual succor of disabled veterans. The first point raised in the Advisory Council report addressed the need to foster greater pride among disabled veterans for having given of themselves for the nation. Publicized activities involving disabled veterans and wounded soldiers began to proliferate under agency guidance, such as the composition of patriotic slogans and short verses extolling wounded servicemen. In June, Shōhei Hogoin staff members collected nearly 19,000 poetic contributions about military protection from 12,000 patients recuperating in 100 military hospitals nationwide. High-profile literary figures evaluated the compositions, including Sakurai Tadayoshi (author of the popular Russo-Japanese War memoir *Human Bullets*) and Kikuchi Kan, a prolific writer, with the nine best entries receiving high honors. The winning slogan proclaimed "Recovery Services, Shining Japan" (*saiki hōkō kagayaku Nippon*), and the runner-ups put forth sentiments such as "Brilliant War Wounds, Bright Hearts" (*kagayaku senshō akaruki kokoro*) and "Soldiers of Peace, Even Though One-Armed" (*kataude taritomo heiwa no senshi*). Rounding out the winner's circle were eighteen honorable mentions, most of which were in the vein of "Self-Rehabilitation Is My Second Duty" (*jiriki kōsei saido no ninmu*).[49] Around this time, the Shōhei Hogoin also solicited slogans from schoolchildren, including "Protect Wounded Soldiers Who Protected the Nation!"

Jingoistic verse competitions and similar morale-boosting exercises may have helped to popularize the mission of the Shōhei Hogoin, but a revitalized meritorious medal program for disabled veterans probably contributed to stronger feelings of pride on the part of the war-wounded men. The Shōhei Hogoin resuscitated and refashioned the Servicemen's Injury Badge, which since the early 1920s had been given to veterans receiving increased pensions (disability increases), notably Haiheiin and Shōheiin residents (see figure 4.2). The Servicemen's Injury Badge Order (Gunjin shōi kishō rei) of August 27, 1924, and the revised order of March 1931 established that the badges, which were already being issued, albeit not via an imperial order, were also to be distributed to nonpensioned veterans receiving illness and injury annuities.

Fig 4.2. Illustration of the original Servicemen's Injury Badge, 1923. The badge on the left reads *Official Duty Injury*; the one on the right reads *War Injury. Source:* Monbushō, *Jinjō shōgaku dokuhon*, 137. Collection of the author.

According to a radio broadcast of October 5, 1938, approximately 32,000 veterans of earlier wars had previously received Servicemen's Injury Badges.[50] There were two visually distinct badges: one for type 1 (combat and equivalent duties) recipients of increased pensions and the other for type 2 (regular official duty) recipients. The tulip-shaped badges identified their wearers as being eligible for pension-related perks, such as gratis or reduced-fare train tickets, but the Advisory Council report suggests that disabled veterans rarely wore them in public. The council believed that the badges did not impart to their wearers a sufficient sense of honor or pride. Not only should disabled veterans proudly wear the badges that announced their identity as praiseworthy servicemen, stressed the council, but their homes also ought to be designated via prominently displayed plaques.[51]

On August 3, the government symbolically revised and reissued the Servicemen's Injury Badge Order and completely revamped the badges' designs. Unlike the previous badges—"dingy, melancholy things," according to the October 1938 radio broadcast—the new badges were meant to invest their wearers with a "fresh spirit" and be readily identifiable so that the public could express "heartfelt thanks" to disabled veterans (see color plate 1b).[52] As before, different versions of the badges went to type 1 and type 2 recipients of increased pensions and injury and illness annuities, but now disabled veterans of the war in China received thoroughly redesigned medals. The new badges featured two overlapping crosses set at angles to one another; one cross was made up of four red-enameled shields, while the other presented four arrowheads with die-cut cherry blossom petals. The radio broadcast stated that the shields symbolized "true sincerity" and the arrows represented the spirit of attack and defense; the arrowheads of the type 1 badge had gold detailing, while those of the type 2 badges were unadorned silver. At the intersection of the crosses sat a circular field with the raised image of a god of war. On the reverse, the badges featured the raised words *Servicemen's Injury Badge* and underneath the center pins was written either *War Injury* (on type 1 badges) or *Official Duty Injury* (on type 2 badges). The badges were registered in the town

and ward offices, and both the registration papers and the actual badges were to be returned to the army or navy on the death of their owners. Disabled veterans would wear the badges on their right lapels, informed the radio broadcast, which signaled to civilians that they should offer up their seats to the badges' wearers while aboard trains and buses and "regularly express their heartfelt gratitude to honorable disabled veterans."[53]

At least 1,400 disabled veterans received Servicemen's Injury Badges at a ceremony held in Tokyo on October 5, the opening day of the first annual Home Front Support Strengthening Week (Jūgo Kōen Kyōka Shūkan).[54] Observed nationwide from 1938 to 1944, the aim of this seven-day-long series of civic events was to rally popular support for the military by praising the sacrifices and hardships of deployed servicemen, disabled veterans, and bereaved military families.[55] The first Home Front Support Strengthening Week took place on the heels of the Home Ministry's issuing of an Imperial Edict on Servicemen's Support on October 3. In that proclamation, Emperor Hirohito noted his "constant sympathy" for the growing number of dead, injured, and ill soldiers of the China Front. "Please put your energies into servicemen's support," the sovereign requested of his subjects.[56] Home Front Support Strengthening Week provided a convenient opportunity for them to do so. The idea for such an event had percolated since January, but concrete planning began in early August when the Cabinet Information Division convened an interministerial meeting at the prime minister's residence to discuss possible joint initiatives with the Central League for National Spiritual Mobilization (Kokumin Seishin Sōdōin Chūō Renmei), a council of representatives from scores of nationalistic organizations that had banded together under the supervision of the Home and Education ministries. Seeking to work greater appreciation for military casualties into the daily routines of the nation, the Shōhei Hogoin and the Central League planned a week-long series of events that would jibe with and commemorate the start of the spiritual mobilization movement begun by Prime Minister Konoe in September 1937.[57]

Home Front Support Strengthening Week reflected the efforts of the Central League for National Spiritual Mobilization, whose deeds were grounded in dutiful platitudes such as "National Unity," "Loyalty and Patriotism," and "Untiring Perseverance." These three bromides gave the public a whiff of the essence of the spiritual mobilization movement right from its start in September 1937.[58] Welcome or not, the task of mustering public support for the war in China was one of the five core projects of the league; thus, working with the Shōhei Hogoin to raise appreciation for military casualties and their kin seemed a natural fit.[59] Each day of Home Front Support Strengthening Week featured a different way of demonstrating thanks and respect. Prayer and Appreciation Day started off the week by admonishing the public to pray for the quick recovery of wounded soldiers and for battlefield successes for active-duty servicemen. Memorial Services Day

emphasized the diligent observance of funerary and gravesite rites for military fatalities. Next, Consolation Day promoted morale-boosting activities for deployed servicemen, such as letter-writing campaigns. Mutual Support Day, the fourth day, extolled the spirit of mutual assistance within communities and urged people to visit the local homes of disabled veterans and bereaved military families as a show of support. Praising Benevolence Day drew attention to the efforts of individuals and groups who actively worked for the benefit of military casualties and was followed by Untiring Perseverance Day, which promoted fund-raising for military protection initiatives and beseeched everyday people to embrace thrift for a day so as to establish solidarity with soldiers in the field. Last, Moral Suasion for the Young Day concluded the week with the goal of instilling schoolchildren with a greater sense of appreciation for servicemen and their hardships. Taken together, such observances meant to help the nation defend the second-line position said to exist behind the front lines manned by IJA and IJN servicemen.[60]

Home Front Support Strengthening Week sought to direct the attention of all imperial subjects toward the plight of the military casualties of the nation. Mass rallies and ceremonies took place in cities large and small, from Sapporo in the north to Kagoshima in the south.[61] In addition to enlisting the support of state officials and local administrators, the Central League and the Shōhei Hogoin recruited private associations to help spread the message about supporting troops and casualties. Groups ranging from the National Association of Shrine Priests (Zenkoku Shinshokukai) to the Imperial Association of Boys' Groups (Teikoku Shōnendan Kyōkai; the national confederation of boys' clubs) promoted the activities and objectives of the week at the local level. The latter organization, for example, mobilized its young members to compose letters and assemble consolation kits to send to soldiers overseas.[62] Cultivating respect for military casualties among children was one of the central goals of the week. Public advertising for the first Home Front Support Strengthening Week featured images of children interacting with beaming disabled veterans, who were clearly identified by prominently placed Servicemen's Injury Badges (see color plate 4). Sermonic lectures about respecting military casualties proliferated in classrooms, as did writing assignments that had students ruminate on disabled veterans, grieving families, and hard-working soldiers and sailors.[63] "As everyone knows, the current [China Incident] is a matter of national mobilization," stated a template lecture that appeared in the school curriculum journal *Imperial Education* (*Teikoku kyōiku*) in 1938, "but [mobilization] is not simply a patriotic endeavor of Imperial troops active on the front lines." Rather, the home front should get involved and "must not forget the merits of the many officers and men who have been wounded or taken ill."[64]

Orchestrating military support activities, whether on a regular basis or during special events such as Home Front Support Strengthening Week, became easier for the Shōhei Hogoin once the state began to coopt private

military support associations. The founding of the Gunjin Engokai (Servicemen's Support Association) in late 1938 remade the landscape of military support by increasing state oversight of such endeavors. Upon the issuing of the Imperial Rescript on Servicemen's Support on October 3, the Imperial Household sent ¥3 million to Prime Minister Konoe for military support. In response, the government decided to use the monies to create an imperial gift foundation (a corporate entity established by Cabinet ministers and funded by a financial endowment bestowed by the emperor or his family). Such enterprises behaved like private organizations but received their directions from the state.[65] With such a structure in place, the government would be able to coordinate military support activities nationwide with greater efficiency by overseeing branch offices located throughout Japan. Thus, on November 5 the Welfare, Army, and Navy ministries jointly announced that a new imperial gift foundation would soon become "the backbone organization of military support in our country."[66] The emperor's gift provided the primary interest-raising capital, but the state directed private donations to the new foundation, which by December 1939 amounted to over ¥40 million in funds for the Gunjin Engokai and its local branches.[67] As a result, this charitable act on the part of Emperor Hirohito reinforced the government position that granting assistance to servicemen in need was a form of imperial benevolence rather than a manifest right of soldiers and sailors to receive compensatory relief for their troubles.

Three existing military support organizations combined to become the Gunjin Engokai. The longest lived of the three groups was the Teikoku Gunjin Kōenkai, which had played a main role in military support activities since the early 1900s and served as a prominent member of the Central Committee for Military Assistance that had been established in March 1934. The second group, the Greater Japan Servicemen's Support Association (Dai Nihon Gunjin Engokai), was a relatively young corporation that had been formed in mid-November 1937 via the merger of the Aikoku Juppeikai and the Hōkōkai (two other members of the Central Committee). The third partner was the Shinbu Ikueikai (Military Prowess Scholarship Society), a minor organization that provided educational support to the children of servicemen. In January 1938, these three groups assumed editorial control over the journal *Great Duty* (*Taigi*), which had commenced publication in March 1934 as the shared monthly magazine of six leading military support associations.[68] Following the creation of the Gunjin Engokai, *Great Duty* was renamed *Servicemen's Support* (*Gunjin engo*) and became a key vector for not only chronicling Gunjin Engokai activities but also broadcasting state policies and positions concerning military support. In the inaugural January 1939 issue, Welfare Minister Kido used the space devoted for the New Year's address—a common feature in magazines of the day—to extol the Gunjin Engokai as a means for attaining the "perfection" of military support on the home front.[69] Following the establishment of the Gunjin Engokai, the

state forbade the creation of any new national associations organized for the express purpose of mustering military support among the general public.[70]

The Gunjin Engokai gave the state control over military support activities that had been previously managed by private actors; support services offered by the Teikoku Gunjin Kōenkai, the Dai Nihon Gunjin Engokai, and the Shinbu Ikueikai now fell under state management after these three groups merged into the Gunjin Engokai. According to Tomita Aijirō, managing director of the Gunjin Engokai and head of its Board of Directors, which consisted entirely of Army, Navy, and Welfare Ministry personnel, this arrangement set up the Gunjin Engokai to "complement government institutions" that provided military support services.[71] Branch offices of the Teikoku Gunjin Kōenkai became local Gunjin Engokai headquarters and gave the new association an established network of over 400,000 benefactors at the time of its founding.[72] The Gunjin Engokai inherited the charitable activities of its predecessors; for example, it provided scholarships and housing subsidies to high school and university students whose fathers were disabled veterans, which had been an undertaking of the Shinbu Ikueikai. More broadly, it directed funds toward disabled veterans whose medical conditions required readmission to army and navy hospitals for further treatment after their formal discharge from military service; the association did not pay the veterans' medical fees but it covered the costs of their lodging and meals. In addition, the association mustered consolation funds for morale-raising activities at the new health-care facilities being opened by the Shohei Hogoin. Another outlay consisted of subsidies to government-affiliated organizations for disabled veterans, such as underwriting the printing costs of the monthly magazine of the Greater Japan Disabled Veterans Association, *Flowers of Our Country* (*Mikuni no hana*). Notably, the Gunjin Engokai channeled imperial gift monies to individuals ineligible for state assistance via the Military Assistance Law, including the common-law dependents of wounded servicemen and military fatalities.[73]

In light of the growing concern to rally the people during a now publicly acknowledged protracted war (*chōkisen*), the Home, Welfare, Army, and Navy ministries issued a joint directive on January 14, 1939, that admonished the home front to redouble its efforts at military support. In that instruction, the four ministries called for the formation of home-front service associations (*jūgo hōkōkai*) within cities, urban wards, towns, and villages nationwide. Such groups fell under the direction of the Gunjin Engokai, which used them to raise grassroots enthusiasm for military support. According to an official of the Welfare Ministry's Military Assistance Section, these service associations were animated by "the principle of 'everyone a soldier' and the moral of mutual assistance" and thereby encouraged devotion to military duties and the oft-uttered "perfection" of military support.[74] It is clear that the government hoped to push military support into the everyday affairs

of the local community councils (known as *burakukai, chōkai*, or *chōnaikai*) and their constituent neighborhood associations; these local self-governing institutions predated the era of wartime mobilization, but the state began to speak of them with increasing fervor after April 1938. Sally Ann Hastings notes that the Japanese community councils and neighborhood associations "were not created as instruments of war" but that over time they became mechanisms for mobilizing the home front from both below and above.[75] These entities sought to direct total war mobilization from the inside out by having local notables and residents rouse and perpetuate support for all aspects of the war, from austerity campaigns to air-raid defense, rather than by overtly imposing control from above. But, to be sure, and as demonstrated by the creation of the Shōhei Hogoin and Gunjin Engokai and the appropriation of the Greater Japan Disabled Veterans Association, the Japanese wartime state had high hopes and a heavy hand when it came to mobilizing not only public agents but also quasi-private actors to bring its military support projects to fruition.[76]

Quagmire and Culmination

Japanese military casualties in China continued to mount as 1938 gave way to 1939. Comprehensive information about the toll of the war on Japanese forces proved elusive, both then and now. On July 31, 1937, Army Minister Sugiyama Gen had issued a ministerial order that restricted the ability of domestic newspapers to provide details pertaining to military secrets and stratagems, which curtailed the inclusion of casualty statistics in war reportage.[77] That October, follow-up orders prohibited tales of battlefield heroism (*bidan*)—many of which featured wounded or dying soldiers—from relaying particulars such as unit names, the precise locations of military engagements, and details about troop movements and banned the press from listing the names of military casualties.[78] The chill was felt even in military publications such as *Army Medical Corps Journal*, which thereafter severely limited its discussion of casualty rates. Seventy years later, historians can catch glimpses of casualty statistics that remained hidden from the Japanese public during wartime thanks to the unearthing and cobbling together of classified military reports that survived the fiery final months of the war. For example, the Wuhan Offensive that began on August 22, 1938, netted over 7,100 dead and 25,000 wounded IJA and IJN servicemen by November 11. The Battle of Zaoyang waged by IJA forces in May 1939 claimed approximately 650 killed-in action soldiers and wounded roughly 1,800 men.[79] When statistics do emerge, they are linked to certain units and campaigns; this was how the Japanese military command as well as need-to-know Home and Welfare Ministry officials witnessed the steady accumulation of dead and wounded servicemen during the war without end in China.

In mid-1939, Welfare Ministry bureaucrats determined that enough similarities existed between the needs of disabled veterans and the bereaved families of dead servicemen to warrant the consolidation of military protection services. As its name announced, the Shōhei Hogoin focused on disabled veterans to the exclusion of bereaved military families, which meant that the growing community of war bereaved was left out of the expanding network of public and private welfare services for military casualties. This imbalance leveled out on July 15, 1939, when the Welfare Ministry transformed the Shōhei Hogoin (Wounded Soldiers Protection Agency) into the Gunji Hogoin (Military Protection Agency) with Honjō Shigeru retaining his duties as the agency's director.[80] By downplaying war-wounded men as the primary recipients of military support programs, the Welfare Ministry sought to heighten public appreciation for the hardships of all servicemen. To be sure, morale-boosting events such as Home Front Support Strengthening Week and the activities of military support organizations of all sizes had embraced active-duty servicemen and bereaved military families since the start of the war, but renaming the Welfare Ministry's agency for military support programming placed disabled veterans, at least nominally, on an equal footing with other servicemen, whether dead or alive.

Gunji Hogoin officials, many of whom had transferred to their positions from equivalent posts in the Shōhei Hogoin, pointed out that the war situation required the restructuring of the agency. An article in *Home Affairs and Welfare Report* defended the merger, noting that "After [the 1937 revision of the Military Relief Law into the Military Assistance Law], the [China Incident] expanded in scope and rose to the level of a long-term engagement. Accordingly, the support administration for bereaved military families and repatriated servicemen grew increasingly complex and important, yet support for military families changed along with the new circumstances and became increasingly problematic."[81] Therefore, the ministry decided to overhaul and strengthen military support by unifying such services within one agency. Similar justifications appeared in radio broadcasts and social work journals. Military support services had to "adjust to the protracted war," according to the radio broadcast that publicly announced the Gunji Hogoin on the day of its creation. To do so, the government decided to recognize the "close and inseparable" nature of support services for disabled veterans, repatriated servicemen, their families, and the bereaved.[82] Kodama Masayoshi, deputy director of the Gunji Hogoin (a role he carried over from the Shōhei Hogoin), declared in the September 1939 issue of *Social Work* that "It is no exaggeration to say that the perfection of the administrative structure of military support has now occurred via the establishment of the new Gunji Hogoin."[83] Once again, official voices hailed the "perfection" of military support services, and, indeed, from this moment forward the shape of national military support services did in fact remain unchanged—that is, until soon after the defeat of Japan in August 1945.

The Gunji Hogoin brought together under one roof the externally administered Shōhei Hogoin and in-house Provisional Military Support Division of the Welfare Ministry, the latter of which dissolved following the merger. Like its precursor, the Gunji Hogoin was an external organ of the Welfare Ministry. Aside from its administrative offices, the new agency featured two internal divisions: a Support Bureau (Engokyoku) and a Services Bureau (Gyōmukyoku), both of which contained several sections with discrete responsibilities. For example, the Support Bureau's Guidance Section (Shidōka) supervised moral suasion programs and the Greater Japan Disabled Veterans Association, whereas its Assistance Section (Fujoka) oversaw the Military Assistance Law and the Gunjin Engokai. Meanwhile, the Services Section (Gyōmuka) of the Services Bureau managed not only the occupational guidance programs for military casualties and their families but also the affairs of the Shōheiin. The operating budget of the Gunji Hogoin for fiscal year 1939 totaled nearly ¥90 million, but the amalgamation of several protection services within one agency meant that the resources were not allocated equally. The Assistance Section took the lion's share (¥54.2 million), but when it came to channeling funds to different types of recipients, protection services for disabled veterans commanded ¥15 million, whereas support services for bereaved families received only ¥1 million.[84] By December 1939, the Gunji Hogoin was operating nearly three dozen facilities for wounded soldiers and disabled veterans, including the Shōheiin, twenty sanatoria for tuberculosis and peritonitis patients, five therapeutic hot springs, three occupational guidance centers, and six teacher-training schools, to say nothing of local consultation centers run by the Gunjin Engokai and the Greater Japan Disabled Veterans Association. Dedicated support services for bereaved families, by contrast, consisted of eight teacher-training schools for war widows.[85]

No big institutional changes in the wartime system of military support services took place following the restructuring of the Shōhei Hogoin into the Gunji Hogoin. The state's national network of sanatoria, vocational rehabilitation centers, counseling centers, and educational facilities, managed directly or indirectly by the Gunji Hogoin, continued to expand and constituted the most pervasive system of welfare services in the country. At times, older sites made way for new facilities, and so did elderly veterans for younger men. In June 1940, the Gunji Hogoin opened the Hakone Sanatorium for Disabled Veterans (Shōi Gunjin Hakone Ryōyōsho) on the grounds of the Shōheiin. Unlike health-care facilities for tubercular veterans, the Hakone Sanatorium housed patients with spinal injuries and severely impeded mobility, many of whom had been sent there from Provisional Tokyo Number One Army Hospital or the Army Medical College.[86] In the process, the Shōheiin came to a quiet end; to tell the truth, it had already been wasting away. Extracted from Tokyo and perched atop a hill in the Kanagawa countryside, it had never attracted disabled military pensioners.

In December 1939, only thirty-seven men lived there, most of them veterans of the Russo-Japanese War. A journalist from the general-interest magazine *Conversation* (*Hanashi*) visited the Shōheiin in early 1937; while there, he noticed that dormitory doors bore black, red, and white labels on which were written the names of former occupants. When he asked about the colors, a lodger responded that black announced that a man had walked out on his own, red meant someone had helped him leave, and white indicated that he had been carried out on his back. Still, three presences lingered at the Shōheiin during its demise: Ohara Chūzaburō, survivor of the Hakkōda Death March, and Emperor Meiji and Nogi Maresuke, whose shrines sat side by side, offering silent solace to Japan's crippled soldiers of old.[87]

Military support activities ensured "total accord between the front lines and the home front," stated Shōhei Hogoin Director Honjō in the weeks soon after the first observance of Home Front Support Strengthening Week.[88] More than just a system of welfare services for battle casualties, the programs of the Shōhei Hogoin and Gunji Hogoin yoked together public and private actors for the sake of total war mobilization. When the Advisory Council on Protection Measures for Disabled Veterans met in early 1938 and called for the expansion of preferential welfare services for war-wounded men, its driving concerns were not only to help servicemen in need but also to redouble the efforts of the nation to support the war overseas. By demonstrating to active-duty soldiers and sailors that the home front supported them in their efforts, the state hoped to raise the spirits of the fighting men and thereby stiffen their resolve. Protecting wounded servicemen through state-sanctioned programs became easier to justify and accomplish after the government added the Welfare Ministry to its ranks. Nevertheless, the state took pains to separate welfare services for servicemen from like-minded programs for civilians. "Military support services are intrinsically different from so-called social services," asserted Deputy Director Kodama of the Gunji Hogoin in September 1939. "They derive from the fundamentals of our national polity and are based upon the supreme principle of 'everyone a soldier' and the camaraderie of mutual assistance that is shared by the entire nation. They are a grave national enterprise that must be put into practice. At the least," he continued, "what must be made clear before anything else is the fact that military support services do not originate from the notion of personal rights [held by the people]."[89] In this way, wartime protection for disabled veterans held fast to the prewar contestation that imperial benevolence sat at the core of welfare services for servicemen in need, whether the assistance came from government agencies such as the Shōhei Hogoin and the Gunji Hogoin or from ostensibly grassroots actors such as the Gunjin Engokai and the Greater Japan Disabled Veterans Association.

5

"White-Robed Heroes" in Wartime Mass Culture

In the months following the opening salvos of the China Incident, wounded servicemen invaded the wartime mass culture of Japan. *Photographic Weekly Report* (*Shashin shūhō*), a current events photodigest published by the Cabinet Information Bureau, debuted on February 16, 1938. Its second issue, which appeared at newsstands the following week, positioned wounded servicemen front and center in the public's gaze. On the cover, sitting in front of a bright fireplace, were six unnamed young men wearing white hospital gowns (see figure 5.1). Facing away from the camera and bent toward one another in animated discussion, these smiling youths looked as if they had left their troubles behind. According to the accompanying caption,

> Huddled in harmony before the warm glow of the hearth, [the men] forget the pain of their wounds and spend the evening engaged in conversation. They talk about military deeds, such as being the first to advance into the enemy's camp. And, they tearfully share memories of buddies who bravely died in battle. In the light of the fire, one man who recalls the sunken brushwood hearth of his home begins to sing "My Village," which goes something like this: "Tonight, the flowers of our country are blooming. . . ."[1]

The uncredited photograph, which the magazine titled "Around the Hearth," invited viewers to imagine themselves seated among servicemen who were enduring pains and experiencing loss "for the sake of the nation" (*okuni no tame ni*), as the popular wartime saying went. Instead of presenting a solemn gathering, the cover photo depicted a fireside chat tinged with pathos but, more important, burning with positive energy. *Flowers of our country, indeed*, the wartime Japanese viewer probably would have concluded.

Fig 5.1. *Around the Hearth*, the front cover of *Photographic Weekly Report* for February 23, 1938. *Source:* "Danro o kakomu," cover. Collection of the author.

An iconography of injury flourished in wartime Japan. Mass culture (magazines, films, popular fiction, advertising, and everyday visual arts) suppressed the physical suffering of war-wounded servicemen in favor of dwelling on the triumphant overcoming of adversity. Rather than focusing on painful battlefield pasts, print and visual culture focused on the confident medical treatment of wounded soldiers and the optimistic prospects of disabled veterans. Their bodies may have been broken, but the spiritual integrity of wounded servicemen remained intact. Because of their unflagging perseverance and high hopes, such men represented ideal imperial subjects, and by framing the wounded in positive circumstances, wartime image-makers called on the public to endure sacrifice and loss in an equally noble manner. In effect, sympathetic depictions of wounded servicemen partially satisfied the state's desire for the nation to hold the military in high regard, whether the state itself put out the images—as was the case with *Photographic Weekly Report*—or not. The overt subjects of these wartime tales and visions may have been wounded servicemen, but the unvoiced, invisible topic of such compositions was an admonition for society at large to face war-related hardships with dignity and perseverance.

The wartime Japanese press routinely referred to wounded soldiers as "white-robed heroes" (*byakue yūshi*), a characterization derived from their wearing white hospital gowns both during hospitalization and well beyond their medical convalescence. Although disabled veterans were encouraged to brandish their Servicemen's Injury Badges, at times they too wrapped themselves in white to proclaim their identity. The white robes of war-wounded men transformed textual and visual rhetoric into flesh-and-bone embodiments of endurance and honorable sacrifice. They announced the presence of military casualties in daily life, bringing heroic determination out of the hospital and into the streets of wartime Japan. In the increasingly dire straits of the 1930s and 1940s, images of wounded servicemen such as those featured outside and within the pages of *Photographic Weekly Report* brought to life common ideals concerning patriotic duty to the nation and emperor. By demonstrating a cheerful, almost inviting endurance of their injuries and the troubles that they brought, disabled veterans became icons of personal fortitude during an era of ever-escalating national crisis (see figure 5.2). By 1945, the introduction of mass civilian casualties on the home front, notably air-raid victims, tarnished the shining image of disabled veterans as noble figures. In short, military personnel no longer monopolized the ranks of war casualties, and the stamina of wounded servicemen no longer arrested the attention of a civilian population now bearing the burdens of its own physical injuries and suffering. But, within a cultural and social environment that praised battlefield death as the epitome of military heroism, images of wounded servicemen served as the next best examples of the patriotic spirit made flesh. In this chapter, I analyze images of the "white-robed heroes"

Fig 5.2. Photograph of "white-robed heroes." Cheery wounded sailors at an unnamed naval hospital "comfort station" form a "white-robed tunnel" that invites viewers into their midst; from the February 23, 1938, issue of *Photographic Weekly Report*. According to the caption (not shown), one sailor jokes, "I look like a cook!" *Source:* "Atatakaki bokoku no tsuchi," n.p. Collection of the author.

found in wartime mass culture prior to those terrible moments when civilian suffering cut the Japanese home front to the quick.[2]

Suffering for the Sake of the Nation

Imperial ideologies foisted on soldiers a popular mentality of selfless sacrifice while directing their loyalty toward the emperor. Neither physical pain nor the threat of death ought to stand in the way of fulfilling one's military duties to the nation. Such altruism seemingly resulted from the development of physical and mental discipline, a goal of modern military socialization found both inside and outside Japan. Rhetoric merged with reality in the IJA barracks, where enduring bodily pain became a key feature of military training. Ever since the release of the Imperial Rescript [Precepts] to Soldiers and Sailors, which the state issued in January 1882 on behalf of Emperor Meiji, Japanese military culture expressed the belief that disciplined and loyal troops were good soldiers and even better imperial subjects. "Soldiers and Sailors, We are your supreme Commander-in-Chief," intoned the

Rescript in the emperor's voice. "Our relations with you be most intimate when We rely upon you as Our limbs and you look up to Us as your head." Moreover, death during the course of fulfilling one's duties was "lighter than a feather."[3] The dense language of the Rescript was rich in injunctions linking military discipline to a patriotic loyalty focused ever upward. Loyalty was identified as the "essential duty" of sailors and soldiers, with virtuous military men manifesting a "spirit of grateful service" to Japan. Discipline was identified as a defining characteristic of the imperial military, and the state took steps to nurture this ideal in the minds of young male subjects.

Within the IJA training barracks, conscripts developed physical tenacity and learned to deny physical suffering. During the 1930s, IJA conscripts faced four months of basic training, followed by four months of unit training, during which time they learned specialized tasks and functions.[4] Those eight months of military training offered a crash course in the school of pain. Overly zealous second-year recruits physically beat the message of selfless service into the minds and bodies of first-years. Such thrashing formed a regular feature of barrack routines. Still, according to one former soldier, when all was said and done, "The beating administered to a new army conscript was nothing compared to the hardships of a fisherman's life."[5] Hazing took place through a perverse variety of measures. One IJN conscript wrote in his journal that "The head sailor was giving 'spiritual education' to the sailors in his charge, with an oak stick at his waist. . . . He told his men to step forward one by one, and then he began to strike with his full strength at the hips of each man. . . . Each sailor stood with his back turned towards the head sailor, with his hands up and legs open. I heard the dull sounds of bang, bang, hitting the pelvic bones of the sailors."[6] Physical punishments were meted out as means for inculcating among conscripts the belief that they were to carry out imperial commands without question. According to the Imperial Rescript, the arms and legs of the empire were to be disciplined and ready (if not eager) to satisfy the expectations of the emperor. In the view of one ex-soldier, such cruelty was "a way of transforming us into men who would carry out our superiors' orders as a reflex action."[7] Later, away from the training grounds, soldierly *Schadenfreude* at times meant terrible consequences for the targets of Japanese military actions in the war zones of the Asia-Pacific.

By the late 1930s, ideological and physical indoctrination routinely admonished Japanese soldiers to endure their pains. Hitoshi Kawano notes that decades after the war ended former members of the IJA's Thirty-Seventh Division, which had been activated in February 1939 and remained in China until 1944, regarded barracks-room beatings as not only a bonding mechanism but also preparation for the "violence and senselessness of combat."[8] Conscripts were admonished to ignore bodily suffering because fixating on their discomforts translated into lax attention to their military duties. A concrete expression of this expectation appeared in the Field Service Code

(Senjinkun) released by the Army Ministry on January 8, 1941. Issued to all active-duty soldiers, the booklet was also given to military reservists and praised by its promoters as a set of injunctions that all imperial subjects could live by. A defining characteristic of the text was that it provided examples of how soldiers should conduct themselves in a manner that reflected the virtues of selflessness, loyalty, and unhesitant action. Army Minister Tojo Hideki, who oversaw the drafting and distribution of the Field Service Code, spelled out this objective in the *Tōkyō asahi shinbun* newspaper. "For example," he explained, "the section on 'The Spirit of Offensive Attack' reads, 'Military positions should not be handed over to the enemy, even at the cost of death. Decisively attack an enemy who flees, and carry this out to the death'. . . such matters are written out concretely and practically. Servicemen savor well such writing, and want to internalize its contents."[9] Similar to the Imperial Rescript to Soldiers and Sailors, the Field Service Code brought together the virtues of obeying superiors (here, one's commanding officers and the apex authority of the emperor), exhibiting martial ability, and living a life of action, thereby combining such ideals into a modern-day military ethos of serving the nation even at the cost of life or limb. One result was a reworking of bushido based on a romanticized interpretation of the relationship that was said to have existed between samurai and their lords.[10] The Field Service Code offered a new yet not-so-novel recalibration of militarized endurance. Its sentiments may have existed during the Meiji wars, but a decade of fighting in China brought increased urgency to army efforts to sow the seeds of selflessness in military and civilian society. The Field Service Code encouraged all imperial subjects to transcend their own bodies and hardships for the good of the nation.

Government officials cut the ideological cloth that cloaked the suffering of soldiers, but popular culture set the fashion when it came to displaying battlefield pain. Literary and visual culture had reinforced the idea of selfless sacrifice for many years prior to the release of the Field Service Code. Imperial subjects, young and old, male and female, became immersed in the popular culture of modern warfare following the September 1931 start of the Manchurian Incident, from which point the rattles and hums of combat echoed throughout mass culture.[11] After December 1941, Japanese representations of combat casualties existed alongside similar sorts of cultural representations of war produced by its enemy and allies. An exceptional feature of the Japanese case, and one that merits our attention before we turn to actual images of the day, was the simultaneous fixation on bodily damage and the downplaying of pain, which contrasted with U.S. and German practices at depicting their own war-wounded.

As in Japan, U.S. society regarded falling wounded in battle as a heroic, selfless act. Divergence between the Japanese and U.S. manner of depicting their war-wounded embodied different approaches to a shared concern: to maintain public morale and support for the national cause while presenting

the consequences of patriotic duty. U.S. wartime popular culture distracted public attention from death and injury overseas, whereas Japanese popular culture sensationalized violence while stripping it of painful suffering. In the United States, images of wounded U.S. soldiers slowly crept into public view during the years after the Pearl Harbor attack.[12] One mode of exposure was the series of war paintings commissioned by Abbott Laboratories of Chicago and exhibited in public venues nationwide.[13] Much of that art featured scenes of military medical personnel in action—Abbott supplied pharmaceuticals to U.S. armed forces—and the level of detail in one painting of an ambulance unit in Burma led one U.S. colonel to comment, "That's it all right . . . I can see it—smell it—taste it!"[14] But it was not until spring 1945 that Americans confronted unsettling depictions of combat casualties within their national media.[15] U.S. visual culture hesitantly presented images of wounded servicemen, making sure to render them as tragic reminders of the costs of warfare. Such images were framed heroically and carried little to none of the inevitability of injury that tinged Japanese depictions of war wounds. This supports the argument made by Kawano that one of the prevailing beliefs held by U.S. troops was that they would return home alive.[16]

The Japanese mode also contrasted with the visual culture of militarized violence that emerged in Nazi Germany. Images of war-wounded men started to evaporate from German visual culture soon after the March 1934 creation of the Third Reich's Ministry of Popular Enlightenment and Propaganda and even more quickly after the September 1939 invasion of Poland. Peter Adam states that within the visual culture of Nazi Germany, "Among the many thousands of works preserved, there is not one single drawing showing the absurdity of war. The picture one gets from these works is of a gentle war, of blonde nurses, comradeship, and friendly faces. It is not a picture of blood and tears, of gangrene and death."[17] Although his point about the absurdity of war is debatable—what more rational products of war are there aside from injury and death?—Adam's main point is clear.[18] National Socialist aversion to showing *Wehrmacht* wounded stemmed from not only a preoccupation with depicting an unblemished Aryan *Volk* but also the rejection of the decadent (degenerate, as Joseph Goebbels would have put it) Expressionist images of war-wounded men that appeared during and after the First World War.[19] Popular German memory of the 1914–1918 conflict was shaped by the "stab-in-the-back" (*Dolchstoss*) interpretation of the defeat, which contended that politicians and leftists at home had undermined the efforts of the *Wehrmacht* at the front. The absorption of huge numbers of disabled veterans into interwar society engendered an honorable view of these men that the National Socialist Party manipulated during the 1930s in its efforts to mobilize support for its platform.[20] The removal of images of the war-wounded from popular culture became characteristic of the Nazis' handling of these men. The soldierly physiques depicted in

National Socialist art during the war embodied spiritual and national energies, but to the point of fetishistic attention to their physical perfection.

A difference between Japanese, U.S., and German practices was that Japanese popular culture embraced the depiction of wounded servicemen; in Germany, such depictions were not sanctioned and in the United States, they were not expected. But, after peeling away the outer layer of visual practice that distinguishes these differing representations, what we uncover is a shared aversion to showing images of one's own troops in pain. No nation at war wants to see its men and boys in uniform suffering. Japanese modern war culture, however, had little problem showing its soldiers losing life and limb, often drawing graphic attention to the physical injuries.[21] Yet the combat-centered narratives found in Japanese literary and visual culture of the 1930s and 1940s usually downplayed or dismissed bodily pain. This disjunction between image (the destruction of the body) and message (the absence of pain) is illustrated in a lavish volume of visual *gunkoku bidan* ("military tales") published in November 1939.

Among the sixty heroic war pictures by various artists collected in *The Light of Building Asia*, six of them prominently featured wounded soldiers or soldiers on the verge of death. According to the preface, the aim of the book was "to let all subjects of our nation know the true conditions of the war."[22] The first of the paired pictures and texts to depict war casualties is "The Two-Person-One-Body Blind Herald," illustrated by Torii Kotondo, which presents an apocryphal incident of August 1939 in which an IJA private shot in the leg and arm worked together with his blinded squad leader to deliver a call for reinforcements (see color plate 5). The text describes the squad leader carrying his companion on his back and having the private serve as the eyes for his feet. "Sir, I'm sorry that you have to bear the burden of carrying me," states the soldier. "What are you saying?" responded the officer. "I'm not carrying just you. . . . I'm carrying the entire Nagao Unit on my back!" The two men stumbled their way to headquarters and relayed the message, and then the blinded squad leader fell dead at his commanding officer's feet.[23] The illustration depicts the enduring of pain sustained during the course of one's duties. The squad leader, blood streaming down his face from beneath the bandages covering his eyes, limps along through a hail of bullets with his companion hanging from his shoulders. The expression on the blinded man's face is determined, not pained. It is the look of an idealized imperial soldier: composed, diligent, and suffering silently for emperor and empire.

The graphic arts were not the only form of mass culture that paraded visions of frontline virtue in the form of wounded soldiers. A booming market for war literature existed during the 1930s and 1940s. Many stories presented combinations of frontline reportage mixed with aestheticized accounts of fighting, and wounded soldiers bearing their suffering provided a legion of stock characters. The writings of Hino Ashihei, who in 1937 received the prestigious Akutagawa Prize awarded for literary excellence,

provide humanistic portrayals of the war in China gleaned during his own tour of duty. *Barley and Soldiers* (*Mugi to heitai*, 1938), the first in a trilogy of novels based on his experiences, muses about the lot of soldiers while presenting tales from the front.[24] In the midst of discussing the wear and tear that marching inflicted on soldiers' feet, Hino's narrator steps back and comments, "It is extraordinary how much men can stand under the most terrific sufferings—how they can treat their bodies in the most ridiculous manner and yet by pure force of self-determination win through and succeed in carrying out a task which by all the rules would have seemed well nigh impossible and illogical."[25] The suffering may seem trivial—blistered and cracked feet—but Hino's commentary prepares the reader for the scenes of combat that wait in the wings. Soon, the first instance of armed conflict breaks out and a soldier standing near Hino is shot in the head. Hino writes, "I shouted as loud as I could for the stretcher-bearers, my hands and uniform covered in blood from the wounds in the man's head. Two bullets had penetrated his steel helmet and when the stretcher-bearers arrived from the rear and laid him on the stretcher I saw that his face had become a pallid green. We thought he was surely dead, but suddenly he opened his eyes and said in a low dreamy voice: 'It is my head.' "[26] The soldier dies shortly thereafter, crying out, "Long live the Emperor!" No expressions of pain accompany this first wounding to appear in the novel. Hino's wounded soldiers disregard their sufferings and tell others to endure their own. In the sole episode in the novel when an injured man wails in agony, a comrade reproaches him: "Suddenly, the man with the torn arm started to scream: 'My arm's torn off! I cannot bear the pain. For God's sake get something to stop this pain! I don't mind losing both my arms, anything, but I can't bear this pain!' I tried to calm him and reminded him that there were others suffering even more. . . . Each time he started to cry out a man lying behind him cursed him saying: 'Be quiet you bloody baby, you're not the only wounded man here.' "[27] Hino's wounded soldiers not only suppress their own expressions of pain but also seek to silence the cries of pain of their comrades.

At least one discerning reader characterized first-person depictions of the war-wounded as being unrealistic. Itagaki Naoko, a literary critic, devoted a chapter of her May 1943 study *War Literature of Contemporary Japan* (*Gendai Nihon no sensō bungaku*) to tales of field hospitals and home-front military hospitals. Itagaki applauds the core narrative framework—dispatch to the front, participation in combat, wounding, medical evacuation, and convalescence—found in works such as Hibino Shirō's semiautobiographical short story "The Field Hospital" ("Yasen byōin"), but she criticizes the overall genre of war literature for its "lack of creative combustion" and extreme vagueness when it comes to describing military medicine. She concedes that there must be more to stories of field hospitals than a lurid chronicling of life and death in the surgical ward: "We must regard so-called modern, clear realism as something that should not be commonly used here."[28] Still,

Itagaki judges depictions of military medicine to be wanting in authenticity and suggests that stories written by doctors and nurses might help to heighten the reality of the perspectives conveyed through such tales. One work that she does praise is *The Fighting Artificial Hand*, which "thoughtfully" tells a story of war medicine even though "in a narrow sense the work lies outside the realm of literariness."[29]

Hibino's "The Field Hospital" appeared in the June 1939 issue of *Central Review*. The short story begins with its narrator (Hibino), a wounded IJA squad leader hospitalized at an undisclosed location in China, being awakened by the feverish cries of a patient in an adjacent room. After deciding that he wants to see what is happening at the front lines—he was wounded in the arm when his battalion attempted to cross a creek while under bombardment by Chinese troops—the narrator convinces the attending nurses to allow him and four other wounded soldiers to leave the field hospital to take a look at the front. Before dawn, the five men trudge through the rain back to the front lines. Hibino tweaks the common characterization of wounded soldiers anxious to leave hospital and return to battle by having his war-wounded characters visit the front when not yet healed and fit for active duty. His soldiers are eager but only to survey the field of battle; they then want to return to their wards to complete their recuperation, not to leave the front lines altogether. The narrator and his four wounded fellows disregard their pain and laboriously trek to the scene of battle, where they encounter a trio of IJA soldiers and learn that the creek has not yet been crossed. Before retracing their steps through the mud back to the field hospital, the squad leader comments to himself that, "The three men [whom we met] were glad that I was not dead, while I found it strange that they did not have a single scratch among them."[30] As the story continues, Hibino introduces readers to various wounded soldiers, each of whom recounts the moment of his wounding. These men range from Lieutenant Itō ("At that moment I didn't lose consciousness but thought, 'this time I'm going to die', which was the third time I've thought that") to an unnamed engineer ("When I first looked I thought it was a leaf or something [stuck to the back of my right hand], but when I realized it was shrapnel from a trench mortar it felt cold pretty quickly").[31] All these wounded soldiers disregard or downplay the physical pains that they feel, not only at the time of their wounding but also since then. They compose postcards, yearn to return to battle, and have their wounds dressed, but none complains about his injuries.

Realistic or not, experiential accounts of battlefield injury flourished in print, and through them, the ideal of enduring one's pains was conveyed to readers of all sorts. This precept appeared in popular magazines as well as novels. At times, reportage by deployed military doctors that appeared in mass periodicals provided the details that Itagaki determines to be missing from war literature, to say nothing of the gore. IJA Physician-Lieutenant Gotō Toshi related in the April 1939 issue of *Scientific Pen* that "Wounded

soldiers who would not stop bleeding were carried into the operating room on stretchers, and once we started to cut open their blood-clotted bandages wave after wave of flies would issue out."[32] But, as Gōto puts it, field doctors did not aspire to write either "pure literature" or self-serving frontline horror tales. On hearing that his journal was to be serialized in *Scientific Pen*, Gotō wrote to his family, saying, "I am not a professional in the field of pure literature of the sort for which Sergeant Hino Ashihei won the Akutagawa Prize, thus people in that line of work will likely conclude that [my writing] is mundane. I probably succeeded [in having my writing accepted by *Scientific Pen*] because, above all else and rather than on the basis of literary skill, I reported on things as they were."[33] A desire to document their war—the war against injury and disease rather than the fight against enemy troops—animated the pens of Gotō and other frontline medical practitioners. Even young readers were exposed to frontline medical realities. An article in the October 1943 issue of *New Youth* (*Shin seinen*), a widely read magazine for boys and young men that was known for its sensational storytelling, discussed military medicine and the frontline experiences of fighting men. After noting that "it is essential [in war] to select superior men and then harden them into spiritually and physically perfected Imperial troops," the article then breezily rattles through such topics as malaria, elective amputation, and paraplegia.[34]

Poetry written by wounded soldiers and disabled veterans—perhaps the most intimate expressions of wartime experience—featured detached, even blithe views of battlefield suffering. Anthologies of poetry written by wounded servicemen, including patients at Provisional Tokyo Number Three Army Hospital, were widely published during the war years, to say nothing of the poems printed in newspapers and magazines.[35] Edited volumes of verse often divided their contents along geographical lines. A 1942 collection by Mizuhara Shūōshi, a prolific poet, titled *A Collection of Holy War Haiku* (*Seisen haiku shū*) arranged its contents largely according to spatially aligned chapters: "The Front Lines," "Northern Manchuria," "White-Robed Heroes," "The Home Front." Here, as in similar collections, the poetry is conventional, filled with images of Mt. Fuji, mist, falling leaves, and the sea. The compositions deal largely with impermanence, not injury or suffering.[36] One of the loudest laments in the volume appears in the section "White-Robed Heroes" in the form of a poem written by a wounded soldier named Kobayashi Seidō:

the vibrating of the bullet	*mune ni nokoru*
lodged in my chest	*dan ni hibikite*
rages on	*fubuku nari*

In the main, war poetry presented muffled descriptions of internalized suffering.[37]

What is striking about wartime Japanese depictions of wounded servicemen is the contraindicative negation of suffering in a culture so deeply saturated with an abundance of graphic textual and visual depictions of frontline violence. According to Hynes, "to be wounded, as men's narratives tell it, is a sudden explosive strangeness," and he coins a term for textual depictions of the grotesque realities of war: Battlefield Gothic.[38] The soldiers found in wartime Japanese popular culture sacrificed life and limb "for the sake of the nation," as the canard went. The sanguinary realism employed when presenting the destructive effects of war on the bodies of soldiers was denuded of pain, not for the sake of those men but rather for the benefit of the society to which they belonged. In the Japan of the 1930s and early 1940s, the vigor of war—that electric inclusiveness that often energizes warring peoples—required the presence of wounded soldiers to remind the nation that some causes are worth fighting for. The military dead took their pain with them to their graves, but the military wounded brought that suffering, no matter how inexpressible or unvoiced it may have been, back with them to the home front. There, the sacrifices made by soldiers justified *more* effort, *more* production, and *more* endurance on the part of civilians. Mass society called for and consumed bloody representations of exertion at the front but had no appetite for images steeped in pain. Suffering was something that had to be endured silently both overseas and at home as the nation waged total war—at least until bombs started falling on Japanese cities.

Extraordinary Treatment

"White-robed heroes" proved to be accommodating figures when it came to depicting the effects of war wounds. Their multifaceted and, at times, contradictory identities—hero, victim, impaired body, ordinary man—are evident in a sketch by Sakurai Chisoku that appeared as a frontispiece illustration for *Army Medical Corps Journal* in November 1938 (see color plate 6). Titled *The Spirit of Manly War-Wounded Heroes*, Sakurai's artwork depicts two amputees with artificial limbs engaged in bayonet practice on the grounds of Provisional Tokyo Number One Army Hospital. Two more wounded soldiers watch from the sidelines, one of whom—another lower-limb amputee—wears protective gear and brandishes a practice rifle; the other man leans on crutches, an eye patch covering his damaged left eye or perhaps its empty socket. Behind them, a fifth man sits in profile in a wheelchair, his leg elevated. The scene is restive. The sky is bright blue, the grass is mottled with sunlight and shade, and a female nurse is visible in the distance, perhaps approaching the figures in the foreground. The picture renders battle casualties as active, indomitable figures while inviting viewers to marvel at their physical abilities and stare at their extraordinary bodies.

The increased presence of wounded servicemen in home-front society produced popular images that often downplayed whatever physical limitations those men possessed. The men depicted by Sakurai are not hidden away inside a sanatorium but are, instead, found outside the hospital ward, where they have robust physical presences as demonstrated through martial sport. Popular culture of the 1930s and 1940s fostered images of disabled veterans as vigorous men, which contrasted with post–Russo-Japanese War depictions of crippled soldiers whiling away their time under trees (see figure 1.4). The "white-robed heroes" of the Second World War, by contrast, were shown pursuing everyday activities—laboring in factories, watching theater performances, riding bicycles, and walking down the street—that minimized cognitive distance and suggested similarity between them and their observers. Popular media cast wounded servicemen as pedestrian men with whom one might interact with on a daily basis, not enfeebled men sequestered from society. To be sure, not all wounded servicemen could or did assume independent or economically productive roles at home, but disabled veterans were often portrayed as men who had been reintegrated back into daily life through the benefits of welfare services. In this sense, representations of disabled veterans presented images of "real" people with vigorous social and economic identities just like able-bodied people.

Disabled veterans with lost limbs, mutilated faces, or impaired vision became inspiring rather than pathetic thanks to the technologies and rehabilitation techniques that enabled them to perform tasks and function in society. The assistance given by such measures served as the means by which extraordinary individuals could become familiar social actors. Disabled veterans benefited from advances in prosthetic technology and training programs for the handicapped that had emerged since the early twentieth century, and because of this, unlike the crippled soldiers of earlier times, disabled veterans were depicted in the wartime mass media as the fortuitous recipients of such advances. By focusing on routine activities such as hiking or riding bicycles, popular culture turned disabled veterans into astonishing figures with the result that society admired veterans who had overcome their injuries and had become "ordinary" men. At the same time that disabled veterans were being presented in heroic terms, their visible injuries were being presented as possessing a strange quality that perpetuated a sense of distance between the observers and observed. The soldiers engaged in bayonet drill in Sakurai's sketch are able practitioners; still, the viewer's gaze is drawn to the rigidity of the metal arm and the spindly appearance of the artificial feet of the combatants. The two men are wondrous beings, but they are also different, fantastic, or, perhaps for some viewers, bizarre.[39]

Sentimental portrayals of disabled veterans elicited popular sympathy for their situation. The presence of the female nurse in the background of Sakurai's scene may have reminded wartime viewers that disabled veterans

were first and foremost physically (if not also mentally) traumatized *men* and that the ideal role for women was to nurture and support them in their new lives at home. Patriotic women's associations such as the Aikoku Fujinkai, which praised its members for "being the hands and feet of wounded soldiers," embraced the idea that women should serve as devoted wives and caring mothers for the war wounded.[40] Not just women, but society at large also bore responsibilities when it came to discouraging the return of the image of crippled soldiers that appeared after the Russo-Japanese War. On one level, sentimental depictions sped the reintegration of disabled veterans into their family and local community life; on another, the depictions fostered public enthusiasm for military support measures geared toward ex-servicemen (and, by extension, the militarist regime and its war).

In the crucible of total war, the mass media presented disabled veterans and their wounds as embodiments of patriotic duty, an association made explicit by the habitual appearance of the phrase "for the sake of the nation" in texts written both by and about these men. Using this expression speaks as much about the perceptions of wartime Japanese society as it does about the experiences of disabled veterans. No matter the time or place, representations of physically disabled people are culturally constructed imaginings that reify popular views of how a society thinks a body ought to appear and act. Making clear that "biological bases" inform such cultural constructions, Garland-Thomson argues that depictions of disability do as much to define the identities of able-bodied members of society as they do to characterize peoples whose physical conditions determine their status within society.[41] Such reifications of social beliefs depend on historical context. During the Second World War, the disabled veterans of Japan were cast first and foremost as *military* men, which was the social identification that overshadowed their biological status as physically disabled people. In Sakurai's painting, this social identity—indicated by the dress and martial play of the war-wounded men—is clear. Disabled veterans became heroes precisely because they were ex-servicemen with wounds; regrettably, at that time nonmilitary people with disabilities in Japan could make no such claim to heroic identity.

Wartime photographers, illustrators, and filmmakers situated disabled veterans in the spatial contexts of factory floors, agricultural fields, and private commercial shops. Visual representations of disabled veterans as dutiful workers abounded following the inauguration of extensive vocational rehabilitation initiatives. The 1930s witnessed the introduction or revision of various laws aimed at helping wounded ex-servicemen ease back into employment and economically productive civilian lives, such as the Military Conscript Occupational Security Law of April 1931, the Institute for Wounded Soldiers Law of March 1934, and the revision of the Military Relief Law into the Military Assistance Law in March 1937. Moreover, official and quasi-private endeavors such as the Gunji Hogoin and the Gunjin Engokai

broadened the spaces available for disabled veterans within wartime society. Both legally and as a matter of practice, measures enabling qualified disabled veterans either to seek new employment or return to their prior jobs had been established by mid-1938, and news articles, advertisements, and magazine features subsequently offered more and more visions of disabled veterans as economically viable men.

Picturing disabled veterans as productive workers facilitated their reintegration into civilian society. The atmosphere of total war mobilization that coalesced in Japan in mid-1938 demanded the rationalization of human resources for the war effort, and depictions of disabled veterans at work fostered a sense of verisimilitude between wounded ex-servicemen and able-bodied civilians. For consumers of mass culture, realistic scenes of disabled veterans at work—images typically presented in a documentary mode that fit with the news photography of the day—narrated the ability of any and all members of society to participate in national mobilization.[42] Photographs of war-amputees operating machinery in factories told not only utilitarian tales but also stories of participatory social mobilization (see figure 5.3). Unlike the crippled soldiers of earlier decades, who did not benefit from laws that protected their economic livelihoods, the disabled veterans of the 1930s and 1940s reaped social compensations that resulted in their inclusion in the national workforce. By portraying disabled veterans as men engaged in everyday economic activity, private and public sources promoted a sense of the commonplaceness of disabled veterans in terms of their social and economic identities. This ordinariness brought disabled veterans into what has generally been called the "enforced homogeneity" or synchronization (*Gleichschaltung*) that characterizes total war mobilization.[43] Presenting disabled veterans as economic actors bestowed productive abilities on the veterans that diminished the social disadvantages of their physical conditions.

Disabled veterans fit into patterns of mobilization that reached across the geographical, social, and economic boundaries of the rural-urban divide. Vocational rehabilitation legislation of the 1930s marked the industrial workplace as a main site of concern; fittingly, public discussion of disabled veterans as the beneficiaries of these laws focused on veterans' participation in the industrial workforce. Thus, many photographs and illustrations of disabled veterans featured such men contributing to the industrial side of the war effort: men with artificial limbs worked heavy machinery, poured molten steel, or riveted together sheets of metal (see figure 5.4). Still, not all disabled veterans were urban residents or industrial workers, and the mass media took care to show disabled veterans engaged in various types of work.

For example, an October 1941 issue of *Photographic Weekly Report* featured a cover story and series of articles relating to Home Front Support Strengthening Week, which was then in its fourth year. An article titled "Now It's the Happy Household of a Hero" detailed the domestic and occupational activities

Fig 5.3. Photograph of a triple-amputee veteran operating machinery at an industrial factory. This photograph appeared in the March 10, 1943, issue of *Photographic Weekly Report*, which focused on the "Keep Up the Fight" (*uchiteshi yamamu*) spiritual mobilization campaign of 1943. The caption asserts that, even though this disabled veteran—note the Servicemen's Injury Badge pinned to his cap—lost three limbs, he uses his remaining left hand to "keep up the fight!" *Source:* "<Uchiteshi yamamu> Nao nokoru katate ari," 5. Collection of the author.

of Futakado Nakao of Hiroshima Prefecture, an amputee veteran who had lost his right arm in June 1939 while serving on active military duty in China. Upon returning to Japan, Futakado entered Provisional Tokyo Number Three Army Hospital, where he received an artificial arm; while there, he met his future

Fig 5.4. *Castmetal Workmen Hopping about on Iron Legs*, an illustration by Takamatsu Tsutomo that appeared in the magazine *Economics Japan* (*Keizai Nippon*) in October 1943. In the source article, the ceaseless toil of disabled veterans undergoing vocational rehabilitation is conflated with the fight-to-the-death spirit associated with the IJA garrison on the island of Attu that had been wiped out by U.S. Marines in May 1943. *Source:* Hokutate, 42.

wife, Kyōko, who visited the hospital as a member of the Aikoku Fujinkai. Photographs show Futakado hoeing a field with the help of his prosthetic arm, working alongside his wife in their small tofu shop, and playing with their daughter (see figure 5.5). The article dwells on the domestic harmony shared between Futakado and his wife, noting that "people who come to buy tofu while it is still dark are spurred to words of appreciation and heartfelt enthusiasm by the sight of [Nakao and Kyōko] working together as a couple so early in the morning."[44] The documentary-style photographs demonstrated to readers that disabled veterans could be productive and fulfilled while working on the family farm as well as on the factory floor. In such feature articles, Futakado and his fellow disabled veterans were shown assuming social roles that satisfied not only their individual needs and those of their families but also the demands of a nation engaged in total war.

Representations of disabled veterans at work posited that wounded servicemen were still useful to the nation. Soldiers and walking-wounded battle casualties stationed at fighting fronts demonstrated their utility through selflessness in battle, but disabled veterans on the home front served the nation by participating in the economic mobilization of civilians. By joining in economic activities at home, disabled veterans satisfied the call

Fig 5.5. Photograph of one-armed veteran Futakado Nakao (shown at right) and his wife Kyōko (left) working at their tofu shop from the October 1, 1941, issue of *Photographic Weekly Report. Source:* "Ima ha tanoshii yūshi no ie," 4. Collection of the author.

for loyal service that the state expected of young males, as enunciated by the Imperial Rescript to Soldiers and Sailors and the Field Service Code. Mobilizing disabled veterans for economic purposes was nothing new when Futakado was shown working in his tofu store in October 1941. Calls for the total mobilization of domestic society had manifested themselves in many ways since being voiced by the Army Ministry in its October 1934 pamphlet "On the Basic Meaning of National Defense and Its Intensification."[45] In 1934, the IJA stated that "organizing and harnessing the enormous latent spiritual strength of our Imperial Land for the sake of national defense" must be accomplished to strengthen the nation. By the end of the 1930s, expanded employment opportunities for vocationally rehabilitated disabled veterans provided a practical means for bringing their spiritual strength into the workplace.[46]

Popular periodicals and newspapers referred to gainfully employed disabled veterans as "workplace heroes" (*shokuba no yūshi*) or "workshop heroes" (*kōjō no yūshi*)—labels found in photograph captions and the titles of magazine articles. Disabled veterans earned such accolades for two reasons. First, they were heroic because they manifested productive abilities that defied their disabilities. According to Katō Kōichi, a disabled veteran and industrial glasscutter who was interviewed for a feature on "workplace heroes" that appeared in a special issue of *Literary Annals* in May 1939, "My

artificial leg is a nuisance and I have to strap it on for walking about, but there's no reason to wear such a cumbersome thing when I'm at my job because efficiency is the lifeblood of work."[47] The impediments encountered when living with a disability at times were diminished or even disappeared on the factory floor, a place where men could focus on managing their tasks rather than their social identities. Disabled veterans worked despite their bodies and the views of society, and this fortitude and perseverance awarded them heroic identification, which subsequently repositioned their place in popular consciousness.

Second, wounded ex-servicemen satisfied calls for greater patriotism among workers. Simply put, employed disabled veterans were said to continue to serve both nation and emperor, which was deemed to be good. Economic leaders spoke of the need to foster a patriotic spirit geared toward national industrial needs. The January 1943 issue of *Economics Magazine* (*Keizai magajin*) featured a roundtable discussion on the topic of how to increase industrial production, with one of the themes being "creating workplace heroes." The question was not how to cast disabled veterans as noble workers but, rather, how to instill valiant dedication to one's work among all workers. One panel participant, Matsumae Shigeyoshi, director of the Public Service Bureau (Kōmukyoku) of the Communications Ministry, insisted that "The rousing of workplace heroes is not simply a matter of labeling them as such." Instead, he argued, it was a question of workers "not only receiving guidance from above, but concentrating their own overflowing eagerness in patriotic ways."[48] Matsumae did not mention disabled veterans, but such men were already being touted and applauded for their patriotism and nation-mindedness.

Wartime depictions of disabled veterans employed as laborers presented economic, patriotic, and physical success stories. Not only were the men wounded during the 1930s and 1940s praised as industrious heroes, but the crippled soldiers of the Russo-Japanese War found themselves recast as noble figures. Inspirational books such as *Heroic Tales of the Successes of Disabled Veterans* (*Shōi gunjin seikō bidanshū*), published in 1938 by the Greater Japan Servicemen's Support Association (a predecessor of the Gunjin Engokai), collected examples of wounded Russo-Japanese War veterans who had found economic success in postwar society. Biographical vignettes about men such as Watanabe Chōtarō, a "pioneer of [his own] destiny," and Takahata Kenzō, a "one-legged ironworks overseer," praised occupational rehabilitation as well as the efforts of the working wounded no matter which war had produced them.[49] Through such discourse and its resonance with heroic war tales, economically productive disabled veterans became paragons of total war mobilization.

Despite the respect earned by "workplace heroes," however, able-bodied young males remained bosses' preferred employees. Even as the mass media praised the productive accomplishments of war-wounded men, government propaganda campaigns and popular culture praised the virile, uncompromised male figure as the optimum body for teenage boys, military conscripts,

and economic laborers. Prosthetic devices and vocational guidance helped send disabled veterans back to work, but war-wounded men could not compete with able-bodied youths. As the war dragged on and ever-increasing numbers of young men left the workforce as military conscripts, disabled veterans provided the domestic economy with workable—but not ideal—substitute bodies.

Disabled veterans were depicted as physically active men. The mass media reported on "white-robed heroes" enjoying a variety of sporting activities, most notably baseball (see figure 5.6). Engaging in sports provided a means of demonstrating mastery over a war-wounded body. Sport symbolized the overcoming of a disability and often figured into narratives of disabled veterans' lives, just as it did in Private First-Class Saijō's account of learning how to use his artificial arm while at Provisional Tokyo Number Three Army Hospital. The 1941 film *Record of My Love* (*Waga ai no ki*), directed by Toyoda Shirō, exemplifies this narrative structure. Based on a 1940 memoir about a year in the life of Satono, a young nurse from Chiba Prefecture who married a paralyzed IJA veteran named Yamaguchi, the film depicts the marriage of paraplegic veteran Yamada and Satoko, a Japan Red Cross Society nurse whom Yamada meets while hospitalized.[50] After candidly presenting the domestic and financial trials faced by the bedridden ex-soldier and his new wife, the film ends with Yamada and Satoko playing baseball with the neighborhood kids. Yamada, sitting in his wheelchair and pitching balls to the boys at bat, is not shown miraculously standing and walking at the end of the final reel, but his situation is clear; his smile signals that he is overcoming the physical, spiritual, and even social malaise (baseball is a team, or communal, sport, after all) that at times accompanies war wounds.

Following the establishment of the Welfare Ministry in January 1938, praising sport and physically active bodies became commonplace in wartime Japan. Radio calisthenics—daily exercise programs broadcast over the airwaves—began in 1928 and wed physical fitness to nationalism by couching exercise as an everyday routine for all people, including wounded servicemen (see color plate 7). During the 1930s and 1940s, fitness and nationalism drew closer together as states instituted laws and promoted civic campaigns that focused on the need for healthy bodies during national crises. Japan was no exception. The National Physical Strength Law (Kokumin tairyoku hō) of April 8, 1940, made physical exams mandatory for seventeen- to nineteen-year-old males. On January 17, 1941, nearly twenty bureaucrats and administrators drawn from the national and Tokyo governments met to discuss the state of physical education in Japan. During the discussion, Kitazawa Kiyoshi of the Imperial Rule Assistance Association's Organizing Bureau directly connected national health and international affairs. After drawing attention to the massing U.S. naval power in the Pacific and the ongoing crisis in China (plus the threat of Soviet activity to the north), Kitazawa concluded that, "It is painfully apparent

Fig 5.6. *Baseball Game for Consoling the Wounded*, by Yanagawa Gōichi, which served as the front cover of the December 12, 1938, issue of *Boys' Club* magazine. *Source:* Yanagawa, "Imon no yakyū shiai," cover.

that we must raise the physical strength of the entire nation at all costs in order to cope with the looming situation with a high degree of national defense."[51] Revisions in the National Physical Strength Law that appeared in 1942 required annual physicals for all young men between fifteen and twenty-five years of age (as opposed to its initial application to seventeen- to nineteenth-year-olds alone), and the revised law called for the phasing-in of requisite physical examinations for all males ages twenty-six years and under and all females ages twenty years and under.[52] In May 1942, the Population Bureau (Jinkōkyoku) of the Welfare Ministry's Sanitary Division (Eiseika) announced the distribution of physical-strength notebooks for the purpose of recording a person's vital statistics and health history. As it so happened, these official documents later served another purpose; they helped to identify the remains of air-raid victims.

Maintaining one's physical health became a national affair in wartime Japan, so it is not surprising that the physical abilities of disabled veterans drew so much attention. Images of disabled veterans shown engaging in physical exercise could elicit the admiration of viewers, who might be moved to comment on the physical or spiritual fortitude of the men at play. The physical uncertainties (e.g., the possibility of falling down) that the disabled men encountered when hiking or playing baseball contributed to the sense of admiration produced among viewers when they encountered disabled veterans out-and-about. Because of their complex movements, sports presented a different type of physical activity than industrial or agricultural labor, which generally involve repetitive movements. It was this repetition that figured into vocational rehabilitation for disabled veterans during the war years: the work therapy training that Saijō discussed in his memoir *The Fighting Artificial Arm* illustrates this. As Saijō and others made clear, sports played a prominent role in the physical therapy regimens found at military hospitals (see figures 3.3 and 3.4).

Disabled veterans were regularly associated with martial sports. Japanese martial arts—karate, *kenjutsu*, and the like—displayed the physical prowess of the war wounded. Such pastimes allowed "white-robed heroes" to highlight the ex-serviceman aspect of their identity, namely, that their collective pasts as military men helped to define their social status. By being active as fencers and archers, disabled veterans perpetuated the idea that they possessed a martial spirit, and the mass media and popular culture promoted such a depiction. In *Record of My Love*, the final frames of the film show wheelchair-bound protagonist Yamada happily seated on the pitcher's mound of a baseball diamond. An earlier scene in the garden of the army hospital where Yamada recuperates from his injuries presents a telling moment between him and his wife-to-be Satoko. Satoko sits and reads to Yamada until the sound of marching abruptly draws their gaze. "It's the amputation battalion!" declares Yamada as a large group of patients, each of whom has a prosthetic limb (or two), marches into the garden and commences *kenjutsu*

practice (see figure 5.7). In the film the white-robed regiment trains with a clattering flurry of wooden swords; these amputees possess aggressive virility. The scene is fraught with emotional ambivalence, however, as shots of the ambulatory combatants are juxtaposed against shots of Yamada watching them from his wheelchair, his eyes brimming with admiration for the duelists and sorrow for his inability to join them. It is a moment of beauty and sadness for Yamada.

Admiration mixed with realism and wonder in wartime depictions of disabled veterans. Rather than shrinking away from showing life-altering injuries, popular images made bodily differences readily apparent by employing a variety of visual and textual markers, such as artificial arms or bandage-wrapped limbs. Still, society did not regard its "white-robed heroes" in a uniform manner; long-standing views about the identities and abilities of the physically disabled also shaped popular attitudes concerning war-wounded men. For the most part, depictions of disabled veterans fixated on overcoming injuries and physical disabilities, not on the conditions

Fig 5.7. Film still from *Record of My Love* (dir. Toyoda Shirō), 1941. Here, the viewer takes on the perspective of paraplegic veteran Yamada, who watches the "amputation battalion" practice *kenjutsu* on the grounds of the army hospital where Yamada recuperates. Perched on artificial legs, the amputees commence their exercises while Yamada, who is confined to a wheelchair, watches with admiring and envious eyes.

of their disabled bodies. It was what a veteran did with a damaged body that created of a sense of admiration among observers; disabled veterans *played* baseball, and they *employed* prosthetic devices while at work. Wonder was largely based on a sense of admiration for the seemingly remarkable accomplishments of these men. Exoticism centered on the actual bodies of disabled veterans. Fascination with the bodies of the war-wounded often merged with wonder, but it largely played itself out by praising the supposedly sensational abilities of wounded servicemen. In the community of war-wounded men, no figures commanded as much curiosity and attention as did blinded soldiers (*senmōhei*) and blinded veterans (*shitsumei gunjin*).

Exoticism centers on the perceived strangeness of a body; it concerns how someone does not fit with "ordinary" or usual expectations about how he or she should look or act. Exoticism taps into popularly held views of the "normal body," usually shaped by shared racial or physical characteristics, and so, bodies deemed exotic do not share at lease some of the expected markers of communal identity. Thus, foreign individuals, individuals of mixed race, and those with discernible physical abnormalities often become exotic individuals whose appearances elicit speculation, attraction, or perhaps repulsion.

Sometimes, exoticism manifests as the literary monstrous or grotesque, as in Edogawa Ranpo's 1929 short story "The Caterpillar." In that pulp tale, the wife of a mute and mutilated quadruple amputee takes out her mental and sexual frustrations by abusing her husband's buglike body.[53] At other times, wonder appears in the realm of medicine, where learned specialists in groups such as the Army Medical Corps examined disabled and disfigured bodies as pathological bodies. But exoticism and wonder are everyday occurrences, too. Amputees with artificial limbs draw gazes and stares time and again, but it can be difficult to discern whether the fascination results from attention to the technological device or to the reduced body that uses it. Japanese society was no different during the war years.

The exoticism of the war-blinded soldier or blinded veteran in wartime Japan was based less on staring at noticeable accouterments of disability—dark-lens glasses, canes, or seeing-eye dogs—than on fixating on the sensory condition of blindness. Blinded veterans' lack of visual perception gave them an exceptional identity that set them apart not only from society at large but also from the wider community of wounded soldiers and disabled veterans. Blindness, whether a congenital or acquired condition, calls for particular forms of physical and vocational rehabilitation, and the specific needs of the Blind often lead to the formation of organizations catering exclusively to their community. Blinded veterans in modern states were placed in blindness rehabilitation centers, received particular attention in terms of occupational guidance, and as David A. Gerber shows in his work on U.S. blinded veterans of the Second World War, often strongly asserted their self-identity and protected their autonomy as a group within

a larger community of disabled veterans.[54] The exotic nature of blinded veterans in wartime Japan was not based on their exclusive group identity, however, but on popular views of the nature of blindness and the social status of the Blind. Of the possible war-related disabilities, blindness tapped the deepest into Japanese popular and historical consciousness.

It is a stretch to say that the Blind have enjoyed an exalted position in Japanese history, but they do constitute its most visible group of disabled people. For example, blind men and women figure prominently in stories contained in *Tales of Times Now Past* (*Konjaku monogatari*), a collection of folktales and Buddhist sermons dating from the eleventh to mid-twelfth centuries.[55] The professions of these individuals match the long-standing occupations available to them during premodern times: exorcists, priests, and itinerant minstrels. The association of the Blind with musical performance, particularly with stringed instruments such as the *koto* and *biwa* (lute), solidified during the Japanese medieval period. *The Tales of the Heike* (*Heike monogatari*), one of the grandest literary products of its day, was an oral retelling of the decline of the Taira (Heike) family, which rose to political power during the Heian Period (794–1185). Beginning in the late twelfth century, blind chanters traveled the countryside and recited the story of the Taira's decline, and in the process the *Heike* took shape. The history of the *Heike* is inseparable from its origins as a tale told by blind itinerant musicians, an arrangement perpetuated by the active presence of a guild for the Blind in the cultural life of the medieval and early modern eras of Japan.[56]

The exoticism of blinded veterans possessed a character linked to the historical role of the Blind in Japanese society. Ingrained views concerning the Blind found expression in wartime depictions of blinded soldiers and veterans. Resonating with ideas found in many societies, preternatural abilities such as second sight and uncanny sensory awareness were attributed to blindness and at times figured into representations of war-blinded men, even innocent ones (see figure 5.8). Although not equivalent to the alleged visions of Tiresias, the mythical Greek soothsayer, the uncanny cognizance that the Blind were said to possess appeared in wartime depictions of blinded servicemen. In Japan, this mystique carried over from premodern views of the Blind as seers or exorcists, but during the twentieth century, such modes of representation denoted more of a phantasm of traditional beliefs than a popular view of blindness.[57] In the popular mind-set, second sight tended to be more readily associated with congenital blindness, not acquired blindness; the latter seemingly granted its possessors heightened sensory abilities but not divine vision.

Blindness was an alienating war injury. The impairments of blinded veterans made them difficult to work into economic mobilization campaigns, even though the state worked hard to accommodate their needs in terms of vocational and physical rehabilitation. The state did not dismiss the rehabilitation of the war-blinded, but it recognized the fact that lack of vision presented formidable challenges. The employment situation of the greater

Blind community was an indication of the difficulty encountered by blinded veterans in finding work. In November 1936, the Home Ministry's Sanitary Bureau carried out a survey of the Blind and registered over 67,800 blind individuals living throughout Japan. Out of that group, nearly half of them were unemployed, and 20,000 of the approximately 34,000 Blind who did work earned wages as acupuncturists or masseurs.[58] Although unemployment did not necessarily denote an inability to find work—some may have chosen not to work—the aim of the vocational rehabilitation services for disabled veterans, put in place after the establishment of the Welfare Ministry, was to ease blinded veterans into the industrial workforce rather than have their labor move in stereotypical directions. Many blinded soldiers and veterans might have viewed their prospects as bleak or grim (see figure 2.6),

Fig 5.8. Untitled illustration by Kurosaki Yoshisuke that accompanies a short story titled "The Sun Girl," published in the November 1939 issue of *Girls' Club* magazine. Here, young Kazuko visits the seashore with a group of wounded soldiers, including her new friend Sergeant Itami, who has undergone eye surgery. "Kazu-chan, the sun is directly overhead, isn't it?" asks the blindfolded sergeant; Kazuko replies, "Gee, you know that?" Although Itami probably feels the heat of the sun's rays, the exchange gently reinforces the belief that the Blind possess weird senses. *Source:* Hiyoshi, "Taiyō no shōjo," 241.

but the mass media overwhelmingly portrayed them as gainfully employed or readily employable individuals.

Sentimentality presented physical disability as a problem to be solved. In the context of total war, the issue was not how to prevent the creation of disabled veterans—such problem solving would have amounted to lack of support for the war effort—but, rather, how society could minimize the negative economic and social after-effects of being seriously wounded at the front. Wounded soldiers and disabled veterans occupied an ambiguous position during wartime, no matter the national context, because they could be used to symbolize either the nobility or the futility of armed conflict. In a certain sense, the plight of wounded servicemen in any era constitutes a veritable time bomb that might suddenly explode into popular consciousness in uncontrollable ways. The wartime Japanese mass media defused this unpredictability by playing up the sentimental nature of the war-wounded; children were brought into the picture to nudge popular sentiment in directions that supported the military rather than criticized the war.

Children helped disabled veterans to solve their problems, usually in a figurative sense but sometimes literally (see figure 5.9). Both children and war-wounded men were individuals who needed nurturing to become respected and respectful members of society. The youthful energy of children certainly spurred on the physical rehabilitation of the disabled veterans, who probably associated their own growth with that of their young countrymen. Hospitals, dorms for disabled veterans, and patriotic associations sponsored activities that often brought disabled veterans and children together to enjoy each other's company. Children's books and the mass media presented disabled veterans and children engaged in a wide variety of physical activities, from playing baseball to pushing medicine balls. These images instilled a can-do attitude among disabled veterans with regard to physical rehabilitation; at the same, they drew children into activities supporting the war, whether they realized it or not. Children, too, made *senninbari* (thousand-stitch belts) and visited hospitals to raise the morale of the wounded.

Sentimental depictions of wounded servicemen reinforced the call to action. Images of children were called into play not solely for the benefit of disabled veterans but for the needs of Japan as well. Propaganda posters that urged society to strengthen the nation by supporting disabled veterans and war-bereaved families occasionally included images of children to make the reasons sacrifices were being made on the battlefield clear. Home Front Support Strengthening Week sat at the apex of such activities. As part of that annual campaign and other endeavors to foster ethical behavior among youths, the state pushed society to adopt a reverential attitude toward wounded servicemen. Purveyors of culture for juveniles accepted this task (see figure 5.10). The sentimental pairing of disabled veterans with children addressed concerns about the future of the nation, and at least two messages were delivered. First, depictions of disabled veterans interacting with

Fig 5.9. Untitled cartoon by Yoshimoto Sanpei that appeared in the "Cartoon Hall" feature of *Girls' Club* as part of its autumn 1939 extra edition. Here, a helpful group of schoolgirls race to catch something before it falls into a pond (top); they tackle the still unseen item (middle); and then return a cap to a "white-robed hero," which the wind apparently blew away from him (bottom). "Take care of yourself, Mr. Soldier!" chirp the girls as passersby grin and continue on their way. *Source:* Yoshimoto, "Mangakan," 23.

Fig 5.10. *Let's Give Our Seats to Disabled Veterans and the Elderly*, an illustration from *Collection of New Sketches of Greater East Asia*, a drawing book for children, 1942. Young sketchers could lay a piece of paper over the page and trace the images and scenes. Here, a girl offers her seat to a "white-robed hero" while riding a train or tram. Traceable sketches in other sections of the book ranged from the Pearl Harbor attack to traditional dancers in Cambodia. When spoken aloud but parsed differently, the book title can be construed to mean "Picture Book of the Invasion of Greater East Asia." *Source: Dai Tōa shin ryakuga shū*, 62. Collection of the author.

children in positive ways suggested progress when it came to the preferential treatment of the war wounded by society. Friendship between veterans and children symbolized the effectiveness of wartime moral education for children because such fellowship suggested the inculcation of desirable social behavior among kids. The second message was that soldiers make sacrifices so that their innocent friends on the home front—children—do not have to suffer. Depictions of veteran-child interactions subconsciously reinforced the idea that the existence of disabled veterans was necessary for ensuring the security of Japanese children. Such imagery thus discouraged society from criticizing the production of disabled veterans. Instead, it encouraged the public to support serviceman during their trials and tribulations while at the same time it sought to strengthen military and civilian morale.

Sentimentality also diminished the seriousness of war wounds. Physical impairments such as lost limbs appeared within images populated by disabled veterans and children, but in ways that downplayed the wounds or rendered disabled veterans into cute, likable figures (see color plate 8). Children were rarely pictured with disabled veterans who had eye-catching

disfigurements or prosthetic limbs; instead, bandages covered wounded faces and broken arms. Sentimentality provided a way to suggest that the problems of the wounded could to be solved by rendering such men into nonthreatening, nonalarming figures. It was easier to muster military support when possible volunteers were not confronted with the unpleasant realities of odiferous wound dressings and sloshing bedpans. Adorable pictures and cheerful discussions of disabled veterans and the issues that they faced helped to draw adults into support activities and brought children to the bedsides of the war-wounded (see figure 5.11). The verve for military support would then perpetuate itself when adults saw kids helping disabled veterans or visiting wounded soldiers in hospitals. If children are helping out, the viewer might ask, then why not me?

Fig 5.11. *Honorable Wounds*, an illustration by Tominaga Kentarō that appeared in the July 1938 issue of *Girls' Club* magazine. Two children visit a wounded first lieutenant while he is recuperating in an army hospital; with a map of China stretched out on his lap, the wounded soldier recounts stories of the fighting front. In the caption (not shown), the soldier states, "I want to stand on the front lines again and work for the sake of the nation" (*okuni no tame ni hatarakitai*). *Source:* Tominaga, "Meiyo no fushō," n.p.

The likable depictions of disabled veterans probably calmed the public mind in another way. Light-hearted portrayals undercut the fear that a son, husband, or brother might become a disabled veteran and suffer as a result of his patriotic service to the state. Cheerful images and brightly motivational stories about disabled veterans on the home front bore little relation to the bloody toil of soldiers in the field, which was visually and textually depicted in a painlessly patriotic mode. There is, after all, a danger in showing disabled veterans and young boys together in the same frame; such a pairing might lead the reader or viewer to conclude that the able-bodied young boy of today might become the disabled veteran of tomorrow. One way of overcoming this possibility for subversive thought was to show disabled veterans with young girls rather than young boys, and in fact, a preponderance of images do show veterans accompanied by girls (see figures 5.8–5.11). But disabled veterans and young boys were also shown together—both parties usually beaming with wide grins and twinkling eyes—and any expressions of public alarm remained worries that did not emerge as expressions of antiwar sentiment during the war years. Perhaps depicting disabled veterans as discernibly older men when they interacted with young boys defused a potentially explosive conflation of young boys and sacrificial bodies. At the same time, both disabled veterans and children symbolized the promise of growth and future success. Both were, in effect, incomplete adults whose development required nurturing and support by family and society. As such, paternalistic sentimentality had the effect of depicting war-wounded men as individuals who needed help—an association heightened by the act of partnering disabled veterans with children.

Wounded servicemen, whether self-sacrificing troops on the front lines or "white-robed heroes" and "workplace heroes" on the home front, were conspicuous presences in the visual and literary culture of wartime Japan. Many materials, especially those produced by local governments and the state, presented battle casualties as individuals deserving of the admiration of society. This was not solely a construction of official culture, however; privately composed documentary war stories, illustrations, advertisements, and even children's books also cast this message in their own words and images. Battle casualties were not only the targets of social services but also the subject of sometimes stirring, sometimes sanguinary narratives that depicted the costs of combat with as little suffering as possible. As much as any government program, the extraordinary treatment of disabled veterans in mass culture established military support as an important part of wartime Japanese society. The public entered the world of wounded servicemen, a journey that was visually depicted in photographs published in the February 1938 issue of *Photographic Weekly Report* (see figure 5.2), and in response the Japanese people pulled their war-wounded brothers, fathers, husbands, sons, and friends back into civilian society.

The extraordinary treatment of wounded servicemen in everyday culture reminded the people of Japan that their soldiers were sacrificing for the nation and thus deserved respect. The military dead of the fighting overseas could not return home to tell their tales of sacrifice—repatriated ashes were often their only testaments—but the stories and images of disabled veterans that appeared in mass culture said much about the importance of honoring all military casualties. Physical injuries were framed in a variety of ways, ranging from admiration to sentimentality, but the inherently military nature of the wounds incurred "for the sake of the nation" was what ultimately transformed wounded servicemen into heroic figures. But the creation of a community of nonmilitary war casualties—civilians killed or injured during Allied attacks on the home islands during the final eighteen months of the war—posed a problem when it came to depicting the war wounded. Military casualties embodied sacrifices made in the line of duty, but such was not the case for civilians hurt or killed during air raids.

6

Occupational Rehabilitation

In May 1950, Rolland R. Rice, a U.S. missionary, struck up a conversation with Itō Masao, a Japanese veteran with no legs, while the two men rode a train bound for Kyoto from Osaka. Itō, it seems, had been among a group of disabled veterans who were wandering the train car and soliciting contributions from passengers (it is not clear how Itō was getting about). With the help of his interpreter, Rice spoke with Itō (a "fine appearing lad [with] a very gracious spirit") and listened to his woes. According to an article published in the *Nippon Times*—one of the main English-language daily newspapers in Japan—Itō told the reverend that his legs had "been shot away on Saipan" and that he wanted to raise enough money to buy a pair of artificial legs. Unfortunately, Itō had amassed only ¥2,000 in funds, and a pair of legs would cost at least ¥10,000. Moved by Itō's circumstances, Rice promised the young man that he would give him the remaining ¥8,000. "I felt extremely sorry for Mr. Ito—the first wounded soldier to whom I addressed myself since my arrival in Japan," Rice told the *Nippon Times*. "I had often seen such men as they go through the trains and electric cars and had never missed an opportunity to give something when the white box was passed." This time, however, the missionary decided to hear one of the white-robed beggars of Japan tell his wounds.[1]

Japan's surrender to the Allied powers in August 1945 made this meeting possible, if not providential, for Itō. Like the rest of Japanese society, wounded servicemen endured defeat and postwar military occupation. In the main, the Japanese public welcomed the end of the war, even more so when the Allied occupiers (mostly Americans) turned up in Japan and turned out to be benevolent rather than bitter victors. Still, the immediate postwar years brought hardships and hunger throughout Japan, leaving no corner unaffected by the upheav-

als of war. Wounded servicemen experienced particularly trying times because defeat brought an end to the military support services and preferential assistance for military casualties that had supported their daily existence during the late 1930s and early 1940s. Men who had grown accustomed to receiving imperial gifts such as artificial arms and legs, enjoying the succor of society, and recounting their war stories with pride found their circumstances drastically changed once the war ended.

Japanese society abruptly shifted from total war to total defeat, and in the process, many wartime institutions and practices were dismantled and thrown away. The Gunji Hogoin and its system of protection services for servicemen and their families were taken apart by the Supreme Commander for Allied Powers (SCAP; the U.S. military agency in charge of the Allied Occupation). As a result, disabled veterans such as Itō Masao—if he was, in fact, an ex-serviceman and not a grifter in white robes—lost not only their access to state-funded assistance but also their military pensions. Some men went out into the streets to solicit charitable contributions from passers-by, but pockets were empty throughout Japan (see figure 6.1). Thus, Itō became a fortunate

Fig 6.1. Photograph by Bernd Lohse, German photographer, of disabled veterans begging in front of the Kabukiza Theater in Tokyo, 1951. Lohse visited Japan in 1951, and during his stay, he observed this group as it stood in front of one of the cultural landmarks of Tokyo. Lohse's original caption reads, in English, "Japanese war invalids, unable to live with the pensions they receive, begging in the streets of Tokyo, 1951." Copyright © bpk-Bildagentur für Kunst, Kultur und Geschichte, Stiftung Preußischer Kulturbesitz, Berlin. Used with the permission of bpk, Berlin/Art Resource, NY.

man when he made the acquaintance of Reverend Rice. Receiving ¥8,000 (slightly over $22 at the time) was a life-changing event during the occupation years, and even for Rice that was a tidy amount of money. "I felt through my act of charity I could begin to force public and official opinion to the place where something could be done to alleviate the suffering, despair, and degradation to which these thousands of wounded Japanese soldiers had been reduced," stated Rice. According to the *Nippon Times*, Rice believed that "such a condition would never be tolerated in America and the new democratic Japan under American guidance should remedy this most serious problem without delay."[2]

In actuality, the experiences of disabled veterans during the Occupation years testify to the difficulty of the Americans' project of excising militarism from Japanese society. Between 1945 and 1949, the task of providing for the needs of disabled veterans defined the joint effort by the Japanese government and Allied forces to institute a demilitarized system of social welfare. The early postwar demilitarization of welfare services included attending to the situation facing disabled veterans after the end of the war and entailed both contention and cooperative between Allied and Japanese officials when it came to public welfare services. In early 1948, the Japanese government reported to SCAP that roughly 325,000 physically disabled veterans were living in Japan as of August 1947 (see table 6).[3] These men constituted one type of "war sufferers" (*sensaisha*), a diverse community that included air-raid survivors, displaced persons, and bereaved military households.[4] In postwar Japan, it was not disabled veterans but rather war widows and war-bereaved families who came to command the national narrative of military sacrifice. On one level, the neglecting of disabled veterans resulted from the Japanese public's desire to forget the war as soon as possible, but if the imperative

Table 6 Physically disabled individuals in Japan as of August 1947

	Men	Women	Total
Injured ex-soldiers	324,622	—	324,622
Injured on nonwar duties	8,781	439	9,222
Injured by disaster	46,530	20,467	66,997
Injured by war (civilians)	5,695	2,449	8,144
Injured by accidents	51,596	30,018	81,614
Total	437,224	53,373	490,597

Source: Public Health and Welfare Section, GHQ, "Check Sheet: Program for Physically Handicapped" (sent to Government Section on 2 January 1948), File 11, Physically Handicapped Program, PHWS, SCAP, RG 331, USNA.

Note: The notes accompanying the "Check Sheet" state that the total included 18,000 Blind, 93,000 amputees, and 200,000 tubercular patients (it is unclear if tuberculosis denotes a "physical handicap" as recorded in the original chart or merely signifies a physically disabled person's state of health).

to overcome memory was so overwhelming, then how were the families of the military fatalities able to lay claim to the position of iconic war sufferers? The absence of disabled veterans from the story of war and occupation resulted from not only Allied successes at demilitarizing and democratizing Japan but also the political transformation of war widows and the war bereaved into acceptable icons of sacrifice. Disabled veterans were unable to organize themselves politically on the national stage during the Occupation and thus found themselves edged out of the master Japanese narrative of war and defeat. In effect, disabled veterans failed to prevail in a competitive postwar playing field populated by a multitude of Japanese war sufferers. In that line-up, disabled veterans went from being "white-robed heroes" to forgettable embodiments of an unjust war. The suffering of civilians held sway.

Demilitarization and Democratization

The postwar Occupation erased Japan's wartime system of support services for military casualties. The end of the war saw U.S. General Douglas MacArthur installed as the supreme commander of the Allied powers, which was also the name given to the U.S. agency that directed the Occupation. SCAP General Headquarters (GHQ) oversaw the Occupation on the ground, with GHQ subsections enforcing SCAP directives and promoting reforms in matters related to their particular areas of administrative responsibility. GHQ's Public Health and Welfare Section (PHWS) was charged with reforming national social welfare services by exerting administrative guidance over Japan's Welfare Ministry. SCAP did its best to contend with the human suffering caused by the war, but providing public relief did not figure among its official assignments. For example, the U.S. Joint Chiefs of Staff told MacArthur at the start of the Occupation that a public Japanese agency should coordinate the distribution of imported relief supplies and that SCAP "should assure that the Japanese do not unnecessarily involve the occupying forces in such responsibility."[5] In actuality, SCAP did provide limited aid and relief to the Japanese public but typically via indirect measures.

Eiji Takemae asserts that "Japanese-American cooperation reached its zenith" in the Occupation-era reform of Japan's public health and welfare system, but tearing down one system while constructing another required ongoing negotiation between the Welfare Ministry and GHQ.[6] Two key components of this process were the demilitarization of the existing social welfare programs and the adoption of new social welfare responsibilities by the Japanese state. PHWS officials viewed their participation in guiding these projects as part of the broader SCAP mission to democratize Japan. As one PHWS administrator put it, "Social welfare programs can help make the word 'democracy' to be more than an abstract political theory," and with such an idea in mind, GHQ committed itself to making social welfare

programs accessible to all individuals in need without bias or prejudice.[7] In the process, Japanese military casualties lost the preferential assistance and high social regard that they had commanded during wartime.

Demilitarization was fundamental to the Occupation goal of democratizing Japan. The U.S. government determined that militarists and unchecked militarism within Japanese society had driven the country to war. Japan's military had been largely discredited in the eyes of the Japanese public in the weeks prior to defeat, but SCAP wanted to ensure that militarism was discarded as a social motivator after the end of the war. Military demobilization officially began with the issuing of SCAPIN 137 ("Demobilization of Japanese Armed Forces") of October 14, 1945, and made headway with the abolition of the Army and Navy ministries on December 1.[8] On September 11, GHQ announced the names of thirty-nine high-profile militarists who were to be charged with war crimes; then on November 19, it released an additional eleven names that included Honjō Shigeru, the wartime director of the Gunji Hogoin. War crimes trials subsequently took place from 1946 to 1948, but, prior to their rulings, many purges of militaristic elements occurred through the outlawing of military or quasi-military associations. SCAP directives issued on January 4, 1946, ordered the forced dissolution of such groups, as well as the purge of "undesirable personnel" (militarists) from civil service and government offices.[9] At least 2,150 Welfare Ministry employees became targets of purge investigations, with 1,388 of them being discharged by August 1947.[10] Japanese military physicians and medical personnel were included in the purge directives, but the need to implement the demobilization and repatriation of servicemen, as well as provide general medical services in a time of aggravated physical suffering, kept at least some senior military medical officers practicing medicine for a few more years.[11]

Dismantling the military ministries and their medical systems benefitted the general public. For example, former army and navy hospitals were opened for civilian use. Such facilities had been seized and inventoried in September 1945 by the U.S. Eighth Army, with some sites being used by SCAP as medical facilities for Occupation personnel.[12] On November 16, the Central Liaison Office (CLO), the formal organ of the Japanese government for communicating with GHQ, requested that these facilities be handed over to the Home Ministry, which would then turn them over to the Welfare Ministry "so that they may be used for the medical care of civilians including demobilized wounded and sick soldiers now in [these] hospitals and those wounded and sick repatriates who are expected to return home from overseas."[13] Unknown to the Welfare Ministry, a directive regarding the future of Japanese military hospitals was being formulated by GHQ at the same time.[14]

SCAPIN 304 ("Imperial Japanese Army and Navy Hospitals") of November 20, 1945, instructed the Home Ministry to accept former military hospitals

not being used by Occupation forces.[15] The army and navy hospitals were expected to open to the public on December 1. The Japanese government moved the hospitals to the Welfare Ministry, which created a new Medical Care Bureau (Iryōkyoku) assigned the task of establishing a national hospital (*kokuritsu byōin*) system for Japan. This new bureau took over 102 army hospitals and 17 navy hospitals (except for 5 facilities being used by Occupation forces) and renamed and reclassified the institutions in the process. Included among these hospitals was Provisional Tokyo Number Three Army Hospital, which became Sagamihara National Hospital (Kokuritsu Sagamihara Byōin).[16] This was a major realignment of health-care services in Japan, to say nothing of the changes brought to Tokyo Number Three and its patients. According to an IJA map circulated at some point in late 1944, as of August 31, 1944, Tokyo Number Three had 2,767 available beds with 2,061 filled on that date (overall, 81,819 beds at military hospitals nationwide were occupied by 72,463 patients).[17] The thirty-year history of Sagamihara National Hospital states that roughly 1,100–1,400 patients were on site in December 1944; when the hospital opened to the public one year later, 840 patients on average visited the hospital daily during December 1945.[18] It appears that many wounded soldiers had left Tokyo Number Three during the final months of the war, and most if not all of the rest were discharged during the early months of the Occupation. Most of the patients at Sagamihara National Hospital during late 1945 were the discharged former residents of Tokyo Number Three. According to a memorandum composed by Col. Harry G. Johnson of the U.S. Army Medical Corps, who served as chief of PHWS's Hospital Administration Division, as of late July 1946 about 10% of all admitted patients at Japan's 166 national hospitals consisted of civilian (non-ex-service) patients.[19]

Kasai Yoshisuke (the director of the Welfare Ministry's Social Affairs Bureau), CLO officials, and Gunji Hogoin officers met with PHWS officials on November 27 and proposed that former military hospitals be placed under the administration of a reformed and demilitarized Gunji Hogoin, now to be known simply as the Protective Board or Protection Agency (Hogoin). The PHWS officers expressed reservations about placing hospitals under the control of the former military support agency and insisted that ex-military hospitals, instead, be administered by an agency of the Welfare Ministry's "Health Bureau" (in all likelihood, they meant the Medical Affairs Bureau rather than the Sanitary Bureau).[20] On December 1, the Gunji Hogoin became the Protection Agency (Hogoin), marking the nominal demilitarization of the central government organ for supporting wounded ex-soldiers and the bereaved families of servicemen.

The death of Honjō Shigeru on November 20 probably influenced the ultimately unconsummated attempt by the Welfare Ministry to have a reformed Gunji Hogoin oversee former military hospitals. Honjō, the director of the Gunji Hogoin from April 1938 until May 1945, was branded as a likely war

criminal on November 19 because of his role in the September 1931 Mukden Incident while serving as the head of the IJA's Kwantung Army.[21] Honjō served as a member of the Privy Council after May 1945 and, on the Japanese surrender in August, became head of the Board of Governors of a newly founded yet short-lived Army Ministry organization called the Guidance Association (Hodōkai), an abbreviated version of its full title: Vocational Guidance Association for Retired Servicemen and the Protection of Bereaved Families and Disabled Veterans. It did not matter that his being identified as a war criminal stemmed from Honjō's activities with the Kwantung Army, not his later management of veterans' affairs; Honjō determined that his military career indicted him in the eyes of SCAP nonetheless. On November 20, the day slated for SCAP authorities to apprehend him, Honjō committed *seppuku* (ritualized disembowelment) in his office at Guidance Association headquarters. Kneeling, he punctured his heart on the third cut and bled to death while facing in the direction of the Imperial Palace.[22] Writing in 1951, Takamiya Tahei, a historian, assessed Honjō's death:

> Honjō was honest and straightforward. After the war when the question of war crimes arose, he committed suicide, leaving a testament [i.e., a suicide note] shouldering the responsibility for the outbreak of the Manchurian Incident. During the war he was urged to assume important posts, but he refused to accept any other position except his work at the [Gunji Hogoin]. He made the task of aiding the victims of the war and their families his sole raison d'être. He possessed the unique qualities of a military man who is governed only by his conscience.[23]

Hamano Noritsuneo, Honjō's former colleague who served as the head of the Medical Division of the Gunji Hogoin, was rushed to the scene to try to revive Honjō. In later years, when Hamano recounted the moment when he realized the manner of Honjō's death, he stated that he silently noted to himself that it was an admirable way for Honjō to die.[24]

The Hogoin did not last for long. Demobilizing Japan's armed forces and dissolving its Army and Navy ministries were key elements of demilitarization, but SCAP also sought to remove militarism from everyday thought and behavior. PHWS reforms played an important role in these efforts. After examining Japanese social programs, PHWS officials determined that the military bias inherent in the state-sponsored livelihood-assistance services—in other words, military support programs—had to be abolished. On November 13, 1945, SCAP issued an instruction to the Japanese government that called for the dissolution of the Gunji Hogoin (and, by extension, its quasi-public relief programs). SCAPIN 273, titled "Relief Board for Veterans," specified the formal termination of the agency; the Welfare Ministry sought to perpetuate its programs by creating the Hogoin, but this proved to be a short-lived endeavor.[25] SCAP dissolved the Hogoin on February 7, 1946.

One month earlier on January 4, SCAP had issued its directive ordering the forced dissolution of military, militaristic, and quasi-military groups as well as the purge of "undesirable personnel" from civil service and government office. SCAP's rationale for getting rid of such groups, including the Gunji Hogoin, seemed common sense from its point of view—the demilitarization of Japanese society would be hampered if groups providing preferential services to ex-military households continue to exist. The on-the-ground project of creating democratic livelihood-assistance programs required that meeting the needs of society at large had priority over granting preferential aid to military casualties and demobilized soldiers. SCAP did not seek to exclude disabled veterans, bereaved families, or destitute military repatriates from any new system of public assistance, but it stressed that these groups must not be granted special access or privileges. Public relief had to be made available to all people no matter their social identities or circumstances.

SCAP also called for the termination of the military pension system and military benefits programs. The only exception to this order—issued on November 24, 1945, via SCAPIN 338, titled "Pensions and Benefits"—was "compensation for physical disability, limiting the recipients ability to work, at rates which are no higher than the lowest of those for comparable physical disability arising from non-military causes."[26] In essence, however, this directive gutted the system of special allowances for disabled veterans because it removed all one-time payments, annuities, and service discharge payments that had greatly supplemented their meager pension payments. Beyond the community of war-wounded men, the pension termination order adversely affected war widows and war-bereaved families whose livelihoods had come to depend on the death benefits paid out through the military pension system. Widows and dependents in need would no longer receive preferential assistance from the state based on their identity as the survivors of military fatalities, which constituted a devastating blow to their everyday existence.

Prior to the February 1, 1946, enactment of this directive, Welfare Ministry officials arranged for war-bereaved families to receive a modest bereavement annuity via limited nonmilitary welfare annuity legislation enacted in October 1944.[27] In the process, the nature of these payments shifted from military to public assistance. Nonetheless, similar to the changes made regarding benefits available to wounded servicemen, SCAPIN 338 truncated the financial assistance available to war widows and bereaved military families in need. In the popular press, views of the pension termination policy varied; one editorial carried in the regional *Tokushima shinbun* newspaper soon after the issuing of SCAPIN 338 stated that terminating military pensions marked a fitting punishment for individuals deemed responsible for the war.[28]

Japan was an immiserated society during the months and years following defeat. Allied attacks had destroyed one-quarter of the wealth of Japan,

sixty-six major cities had been ravaged by firebombing campaigns (plus two by atomic bombings), roughly 9 million people were homeless, and 2.7 million servicemen and civilians had died during the war.[29] "Tokyo, the first war casualty I've seen, is a devastated, immodest mess," wrote Sherwood "Sherry" Moran, a member of the U.S. Naval Technical Mission to Japan, in a letter sent to Donald Keene soon after Moran entered the capital in September 1945.[30] Japanese civilians began to demand livelihood relief from the Japanese government, and SCAP, too, was inundated with requests for help—some direct and some oblique. To give one example, on November 3, 1945, representatives of a group calling itself the Bombed-Out People's Association of Shizuoka City submitted a petition to "Reverend MacArthur" that stated:

> We citizens of Shizuoka have been bombed out for more than full four months without being taken care of from the municipal authorities. Now we are confronting with the [*sic*] severe cold in the coming winter without knowing any preparations against it, and in addition to that, we are getting short of foods [*sic*] day by day. Our fathers and mothers, brothers and sisters are on the verge of starvation from the lack of nourishment, and besides are going to be frozen to death leading the dug-out-huts-life.[31]

The day after the Bombed-Out People's Association communicated its concerns to SCAP, representatives from the newly formed All Japan War Sufferers Union (Zenkoku Sensai Engokai) demonstrated outside SCAP headquarters in central Tokyo and at the prime minister's official residence. The organizing manifesto of the group warned that Japan faced an "unparalleled crisis in her history" because of the growing problem of relief for war sufferers.[32]

Voices in the popular press, most of them anonymous, criticized the government for not effectively alleviating the distress of war sufferers. A February 1946 provincial newspaper article that caught the attention of SCAP press translators blamed the government for having an "indifferent attitude" toward the plight of war-bereaved families, many of which had lost their male wage earners and lacked financial stability. Moreover, the author of the article took the public to task for being "lacking in sympathy" for "first class sufferers from the war calamities," namely, war-bereaved families. In closing, the author suggested that war-bereaved families and demobilized servicemen form unions and fight to protect their livelihoods.[33] Within the context of broad social suffering, SCAP demilitarization initiatives—notably the dissolution of military support services and the termination of military pensions and benefits—proved consequential for military casualties. In time, SCAP and the Japanese government enacted relief programs for war sufferers (including military casualties) but until then, the woes of war widows and bereaved families in particular were widely reported in the popular

press. In early May 1946, the *Asahi shinbun* newspaper claimed that nearly 600,000 war-bereaved families were bereft of military pension payments and other allowances. The article went on to relate that two mothers in their early thirties, each with four children, had visited an employment assistance office in Yamaguchi Prefecture begging for help and saying that they had repeatedly considered killing themselves and their children to escape their miseries.[34]

Periodicals carried numerous depictions of the plight of war widows and war-bereaved families. "A one or two yen daily allowance is not enough for the four of us to pay for the regular rations [*sic*] let alone anything else," wrote a widow from Tokyo in a June 1946 article published in the *Mainichi shinbun* newspaper. "Though I would like to work, I cannot do so since I have children. Would it not be possible for the Government to guarantee my family's livelihood at least until my children finish grammar school?"[35] The anonymous author of the article pointed out that "relief and education for widows and orphans . . . constitute a very serious problem. Nine thousand families, about one half of 18,000 families in Tokyo, are in desperate straits. About 20 percent are widows with babies."

Wounded servicemen also appeared in the popular press as war sufferers whose lives had worsened following the end of the war and the loss of military support services and pensions. Disabled veterans received modest benefits from the decimated pension system, but such scant payments barely covered most men's expenses. Income went toward health-care costs; the dismantling of the military medical system and its network of hospitals, sanatoria, and medical supply depots left both short-term and long-term military patients responsible for their own bills. Accommodation and treatment did not come cheap, and nationwide food shortages compelled hospitals and sanatoria to charge higher costs for meals. Demobilized servicemen at one unnamed national hospital (in all likelihood, a former military hospital) paid 70 sen per day for meager meals of plain rice and pickles during April 1946.[36] However, the complaints of disabled veterans—men who had once stood at the center of national campaigns extolling the sacrifices of military casualties—were swallowed up by the din of voices rising from the large, sprawling community of war sufferers.

There are no authoritative statistics quantifying the full scope of need in early postwar Japanese society, but suggestions of the amount can be found in the press record of the Occupation years. The aforementioned *Mainichi shinbun* article of June 1946 stated that there were 184,000 "invalid" sick and wounded veterans among a national total of 18 million "pathetic war victims."[37] In July 1946, the *Nippon keizai shinbun*, the leading Japanese financial daily, gave figures relating to the situation in seven of the forty-six prefectures of Japan: 29,700 individuals among 134,300 war-bereaved families needed livelihood assistance. "Unless adequate funds are given to them," concluded the article, "effective steps toward relieving the living difficulties of

the bereaved families cannot be expected from the prefectural governments or from any other organizations."[38] In fact, by summer 1946 SCAP and the Welfare Ministry were already making plans to broaden livelihood assistance to needy people of all types.

The U.S. and Japanese authorities knew that the adverse circumstances of the Japanese public constituted a grave problem when it came to maintaining social order. Petitions by local organizations such as the Bombed-Out People's Association of Shizuoka City and national groups such as the All Japan War Sufferers Union did not fall on deaf ears during late 1945, but Japan's government was hamstrung when it came to addressing the plight of war sufferers and SCAP did not regard the issuing of assistance as one of its official objectives. What SCAP believed it must do, however, was direct the Japanese government to consolidate and standardize the distribution of livelihood assistance without bias. On December 8, 1945, SCAP articulated its desires regarding livelihood assistance when it submitted SCAPIN 404 ("Relief and Welfare Plans") to the Japanese government.[39] SCAPIN 404 called for a comprehensive plan for nonpreferential relief for people negatively affected by war destruction. In the days following the issuing of SCAPIN 404, the U.S. military newspaper *Stars and Stripes* characterized the instructions as a " 'virtual ultimatum' to the Japanese Government."[40]

On December 31, the CLO responded to SCAPIN 404 by issuing C.L.O. No. 1484 ("Relief and Welfare Plans"), which laid out a plan for the Welfare Ministry to administer relief to "needy persons because of unemployment, mental or physical incapacity, or other cause of dependency." The government planned to accomplish such by creating a new law to supplement existing laws related to administering livelihood assistance as a form of imperial benevolence.[41] C.L.O. No. 1484 stated that approximately 8 million people nationwide were likely to require relief (including 860,000 repatriates from former overseas imperial territories). Initial government relief expenditures were estimated at ¥300 million, with the provision that the final amount would be determined with SCAP approval. The document also announced the establishment of a new extra-governmental agency that would funnel government aid by consolidating various public and private aid groups into one organization, thus replicating the structure of the wartime Gunji Hogoin. In sum, C.L.O. No. 1484 called for not much more than the reformulation of the existing relief measures and the establishment of a quasi-public organization for coordinating the distribution of relief (akin to the wartime Gunjin Engokai).[42]

The need to get any sort of relief plan in motion probably encouraged GHQ to overlook some of its basic disagreements with the Welfare Ministry concerning state-administered relief measures. Nevertheless, SCAP adopted an assertive stance concerning the nature of public relief. The nonpreferential relief of all members of a suffering public, as spelled out in SCAPIN 404,

reflected the desire by SCAP to eliminate the social and economic privileges of military casualties. SCAP approved C.L.O. No. 1484 but issued directives that clarified what it meant by *public assistance* (*kōteki fujo* was the SCAP rendering of the term into Japanese). SCAPIN 775 ("Public Assistance") of February 26, 1946, presented three fundamental principles on which relief measures should be based: (1) public assistance was the responsibility of the state, (2) there should be no preferential or discriminatory treatment when determining need and distributing aid, and (3) no limits should be set on the amount of relief available to the needy.[43] As Toshio Tatara notes, these tenets were based on the policy platform articulated in 1945 by the American Public Welfare Association, the leading U.S. organization for social workers and welfare administrators.[44] The first of the twelve platform points of the association stated that government must recognize the "comprehensive nature of public welfare responsibility" and that state (i.e., local) relief services should be assisted by a central government program to provide nonpreferential aid that prevents the rise of a "virtual caste system in assistance" among recipients.[45]

These two principles—centralized governmental management of assistance and its nonpreferential distribution—formed the backbone of SCAP's position regarding public relief.[46] From the side of the Japanese government, public assistance (rendered as *social relief* [*shakai kyūsai*] in its own translation of SCAPIN 775) was a matter of directing charity toward people deemed deserving of relief.[47] Thus, individuals such as wounded soldiers, displaced repatriates, and war victims were considered worthy of state protection.[48] A quasi-public organization would not only lessen the financial and organizational burden of the state when providing relief but also help focus the flow of aid to communities already targeted by the public and private associations that were to be consolidated into the proposed organization (e.g., ex-servicemen and their families). SCAP, in contrast, viewed equal access to public assistance as a right of all citizens—a position made explicit in Article 25 of the SCAP-drafted Constitution put into effect on May 3, 1947.[49] Thus, SCAPIN 404 called for legislation establishing the right of citizens to nonpreferential public assistance, and SCAPIN 775 charged the government with the responsibility to institute a comprehensive relief program.

Despite differing understandings of the nature of public assistance, Welfare Ministry officials and SCAP administrators collaborated in drafting new relief legislation; the Welfare Ministry proposed ideas and SCAP vetted them. By as early as February 1946, the English-language press in Japan was reporting that the Welfare Ministry was in the process of drafting social legislation to establish livelihood relief for people in need.[50] Still, as shown by the issuing of SCAPIN 775 in late February, SCAP did not agree with the initial views of the Welfare Ministry about the contours of public assistance. Meanwhile, voices in the Japanese press called for not only government-instituted relief but also charitable thoughts and deeds by everyday people:

> [D]ue to the uncertainty of both society and provisions, the people, in general, are absorbed in securing the livelihood of their own family [*sic*]. . . . The Japanese have been dejected as a result of the defeat, forgetting neighborliness and fraternity, snarling at one another just like animals. The present situation is thoroughly corrupt. If it remains as it now stands, Japan will be hopelessly desperate in the future. . . . We feel that every Japanese who entertains a particle of good neighborliness should come forward to commence welfare work which is the foundation for the establishment of a new Japan.[51]

The need for not only wide-scale public assistance but also a new way of thinking about such assistance seemed to be growing increasingly desperate. In late June, SCAP announced its approval of the Welfare Ministry draft of a new public assistance law. On July 18, 1946, the Welfare Ministry presented the Diet with the "Daily Life Security Bill," which passed muster on September 9 and went into effect on October 1 as the Livelihood Protection Law (Seikatsu hogo hō).[52] This new law repealed existing social services legislation, including the wartime Military Assistance Law.[53] The Livelihood Protection Law followed the gist (if not always the letter) of SCAP views about the nature of public assistance and marked a departure from the prevailing Japanese interpretation of public assistance as imperial benevolence (PHWS officials stressed this point in their public discussion of the law).[54] SCAP deemed its enactment a success because it brought to fruition core directives found in SCAPIN 404 and SCAPIN 775, namely, government responsibility for the administration of nonpreferential public assistance.[55]

What did the Livelihood Protection Law mean for wounded servicemen, war widows, and war-bereaved families? The law embodied the demilitarization and democratization of public assistance in postwar Japan—it was a manifestation of the two key objectives of the Allied Occupation writ large. As a result, military casualties lost all claims to receiving special treatment or exceptional privileges from the state in terms of state-funded livelihood assistance. Preferential assistance of the type administered during the prewar period and wartime now became public assistance. Military casualties were not left out of the new system of state-funded relief, but their needs had to be considered without favor within a larger community of households suffering from the privations, destruction, and displacements caused by the war. Disabled veterans held onto paltry disability allowances after the dissolution of the military pension system, but these allowances had to be used to pay for medical services at hospitals that were now open to the public. To be sure, wounded servicemen could still receive treatment but at facilities that also catered to, say, civilian children who had been wounded during Allied air raids. War widows and bereaved families found that assistance formerly provided by military bereavement pensions had been rolled over into public welfare annuity programs; nevertheless, such payments often could not

compensate for the loss of the primary wage earner of the household. The Japanese state's preferential treatment of military casualties ended in late 1946 with the enactment of the Livelihood Protection Law.

The Rise of the Bereaved

The story of causes lost and won for Japan's disabled veterans does not end with the creation of the Livelihood Protection Law. When calls for assistance by war sufferers at large grew louder, war widows and war-bereaved families emerged as the dominant voices clamoring for society to honor its military casualties. As a result, disabled veterans lost their prominent position within the national narrative of military sacrifice. This shift resulted from the rise of political associations organized by and for war widows and war-bereaved families that excluded disabled veterans—or, as the bereaved surely regarded them, servicemen who had returned home from battlefronts injured but still alive. Moreover, the December 1949 enactment of national legislation for people with physical disabilities (discussed later) quieted the political voice of disabled veterans. In her study of the politicization of war-bereaved families in postwar Japan, Franziska Seraphim notes that "competition for public funds among [war sufferers] pitted people with different war experiences against each other while forging alliances between others."[56] Seraphim demonstrates that war widows and war-bereaved families came together during the late 1940s and early 1950s to forge a politically active interest group that, to this day, controls the public discussion of Japanese military fatalities as tragic casualties of the Asia-Pacific War. The emergence of this coalition displaced disabled veterans in the national narrative of military sacrifice.

The unvoiced competition that arose between disabled veterans, on the one hand, and bereaved military families, on the other, did not play out as denunciation politics; the two groups did not engage in rhetorical attacks against one another. Rather, both communities sought to project their voices the loudest and the furthest in the public discourse. During the early months of the Occupation, military individuals and households of all types were featured at the center of appeals for the Japanese public to show kindness toward a defeated military. "How is the situation in their homeland where warm clothes and a hearty welcome should greet ex-soldiers?" asked an anonymous editorial published in Kanazawa Prefecture's regional newspaper *Hokkoku mainichi shinbun* in late January 1946. The answer?

> "Only the children will speak to us," a demobilized soldier said sadly. You must imagine how forlorn he felt. I say again soldiers are not to be blamed for the defeat. At the same time, the people's cold attitude toward soldiers is extended to their bereaved families who also are experiencing adversities

> beyond description. Even in war time [*sic*] they did not receive enough sympathy, but now who has regard for them? The relief work for bereaved families is carried out in a cold business-like manner. No matter how high the price rises no regard is made for them.[57]

This observation appeared in the public press scarcely two weeks before SCAPIN 338 ("Pensions and Benefits") abolished military pensions and related solatia on February 1, 1946. One week after the pension system ended, an editorial in the *Bōchō shinbun* newspaper of Yamaguchi Prefecture stated, "we Japanese cannot but feel sympathetic to those who will suffer a bitter blow by the suspension of the pension which is the only means of sustaining their lives."[58]

Calls for public sympathy came not just on the behalf of military casualties but also from these individuals themselves. War widows, in particular, did not hesitate to voice their concerns. In early March 1946, Mizawa Tomoko, a war widow, wrote to the *Mainichi shinbun* newspaper and asked whether war widows were categorized in the same way as war sufferers when it came to the allocation of relief funds from the national government. "It seems that the Government is making every effort to assist [war sufferers] in such ways as housing services, remission of taxes, and preferential employment rights," noted Mizawa, "whereas the survivors, [i.e., war widows and bereaved families] who are actually in distress, receive no sympathy, comfort or help."[59] Mizawa's complaint was directed not toward war sufferers in general but, rather, toward war profiteers within the population of war sufferers who were benefiting from being classified as individuals in need. Soon after the war ended, inflation rose and prices skyrocketed in Japan, resulting in a national economy in which "virtually everyone broke the law and found themselves turning to the black market."[60] War widows, too, had to take any steps deemed necessary to survive, and over time they realized that collective actions, rather than individual calls for help, would better serve their needs. War widows began to organize locally, then nationally, to form advocacy groups that addressed their economic and social problems. On March 29, 1946, a letter from a war widow in Hokkaidō appeared in the *Mainichi*. "Now that the war is over, we, the surviving families [of the war dead] are quite forgotten and neglected by the people at large," bemoaned Sasano Kazuko. Alluding to the fact that some war widows were being driven to prostitution to support themselves and their families, Sasano stated that war widows "are hoping for the formation of an organization made up of war-widows that will afford us mutual help."[61]

Sasano probably did not know that the nearly three dozen war widows living at the Musashino Mothers and Children's Home (Musashino Boshiryō) in Tokyo's Suginama Ward were in the process of forming what would become Japan's first national association for war-bereaved families, the Federation of Bereaved War Victims (Sensō Giseisha Izoku Dōmei).

Although the first general meeting of the federation did not take place until early April 1946, the group boasted 1,000 members by late March and was already planning to establish facilities such as public nurseries and even financial institutions. "We know that we must help each other," declared Tanaka Kinuko, a thirty-five-year-old war widow and member of the federation steering committee. "That is the only way left for us. Consequently we made up our minds to establish the [federation]." Tanaka also pointed out to the press that "we do not take advantage of peoples' gifts simply because we are the families of deceased soldiers. This is our last hope and we intend to do our utmost to relieve the condition [we are in]."[62] To the contrary, this new organization did, in fact, emphasize for political gain the relationship between war widows and the war dead. Seraphim points out that Makino Shūji, manager of the Musashino Mothers and Children's Home and leader of the Federation of Bereaved War Victims movement, purposefully employed the term *victim* (*giseisha*) when speaking about the war bereaved.[63] This term carries with it the connotation of "martyr," and using it in conjunction with *war bereaved* casts the suffering of military fatalities in a sympathetic light. Seraphim stresses that Makino regarded war widows and bereaved families to be "victims of *war*" and thus different than air-raid victims, displaced persons, and other war sufferers, whom he viewed as "victims of *defeat*."[64] Over time, war widows and their children became national advocates for honoring the military dead.

Military bereavement took an increasingly political turn upon the founding of the Federation of Bereaved War Victims and the subsequent establishment in November 1947 of another national organization for bereaved families, the Japan League for the Welfare of the War Bereaved (Nihon Izoku Kōsei Renmei). The immediate objective of such groups during the late 1940s was to improve the circumstances of war widows and their children, but the reach of these groups began to extend upward into the realm of parliamentary politics. Japan's first postwar parliamentary election took place in April 1946, which introduced a diversity of platforms into legislative politics. Letters written to the editor of the *Kobe shinbun* regional newspaper of Kobe City on the eve of that election articulated a desire for war sufferer candidates to run for election to the National Diet (the postwar successor to the prewar Imperial Diet).[65] In June 1950, the president of the Japan League for the Welfare of the War Bereaved won a landslide election to the Upper House of the National Diet; granted, he had served in the Upper House in the Imperial Diet, but this marked the beginning of continual representation in the postwar Diet by a member of the league.[66] To this day, war-bereaved families play an important political role in perpetuating a conservative, honorable interpretation of Japanese military fatalities of the Second World War—a depiction that shapes national dialogues about both the history and memory of that war.

What, then, of disabled veterans? Did wounded servicemen also form advocacy groups during the Occupation that carried their concerns into national politics? Disabled veterans did form groups, but these organizations were unable to maintain or even attract popular support. Not even demobilized servicemen seemed interested in the plight of their disabled former colleagues. In spring 1946, *Hokkoku mainichi shinbun*, a provincial newspaper published in Kanazawa City, sent a questionnaire to 3,000 demobilized servicemen in Ishikawa Prefecture who had returned home from deployment overseas. The third of the three posed questions asked, "What is your most earnest demand of the Government from the standpoint of being a demobilized military man?" Out of 1,230 returned questionnaires, 342 veterans, or 26% of all respondents (the most popular response to this question), indicated that their most pressing concern was "assurance of [the] livelihood of the families of the deceased soldiers." Ranking seventh among all responses—63 veterans, or 4% of all respondents—was "relief of wounded soldiers."[67]

No group seemed willing or able to take up the cause of disabled veterans during the Occupation. The Livelihood Protection Law of October 1946 extended assistance to individuals in need but made no extraordinary concessions for disabled veterans (or any other group of disabled people, for that matter) within state programs. Gone were the prewar programs and institutions that had imbued disabled veterans with social and political gravitas. Displaced persons, air-raid victims, and bereaved families now claimed "innocent" victimhood brought down on them by war and defeat, but disabled veterans occupied a murkier position as war sufferers. Their inescapable identity as former soldiers overshadowed any positive popular recognition of them as victims whose grievances warranted greater sympathy by society. The Japanese government, for its part, found itself prevented by SCAP from offering livelihood assistance to disabled veterans on the grounds of their identity as ex-servicemen.

In mid-1947, communities of disabled veterans began forming their own advocacy groups. Typically headquartered at health-care institutions and consisting of in-patient veterans, these groups articulated concerns related to medical care, economic livelihood, and vocational guidance. Disabled veterans may have been emboldened by the appearance of advocacy groups for medical patients in general, such as the League for the Protection of Patients' Livelihood (Kanja Seikatsu Yōgo Dōmei) that organized in March 1947 and represented 53,000 patients housed in 120 state hospitals nationwide. Representatives of this group petitioned the Welfare Ministry to set minimum nutritional standards at national hospitals and to inaugurate social rehabilitation programs for discharged patients.[68] An association for disabled veterans established the same month at Totsuka National Hospital in Yokohama had grown by late May 1947 and called itself the National Federation of Disabled Veterans, claiming a membership of 15,000 disabled

veterans nationwide.[69] In August, two organizations for wounded soldiers and disabled veterans—the War Victims' and Wounded Soldiers' Union and the Japan Wounded Soldiers' Union—joined together as the Preparatory Association for the Formation of an All-Japan War Wounded League and submitted to Prime Minister Katayama Tetsu a million-signature petition that called for improvements in the situation of the ex-military wounded. League members sought such reforms as the creation of vocational guidance services for disabled veterans and the replacement of the disability annuity scale based on military rank for one based on the degree of physical injury alone.[70]

Most groups were less national in scope, such as the 180 disabled veterans who formed a Disabled Veterans' Welfare Association at Tokyo Second National Hospital in early summer 1947. Expressing desires similar to their nationally minded colleagues in larger organizations, the Second National Hospital group sought vocational training opportunities that would prepare members for life following discharge from the hospital. Committed to remodeling a storehouse on the hospital grounds into an artificial limb workshop and dormitory for disabled veterans, members of the association begged on street corners for funds beginning in May until the Tokyo metropolitan government decided to provide them with ¥3.6 million in subsidies for the project. "Some people objected to our solicitation of funds in the streets," commented an association member named Kuroki; "however, we are most happy to see our plan materialize through the assistance of the [city], [and] we intend to establish an ideal 'Village for Disabled Veterans.' "[71] Thus, by late 1947 disabled veterans had begun to voice their livelihood concerns in at least three social settings—hospital wards, the streets surrounding medical and health-care facilities, and the offices of public officials—but not in the realm of legislative politics.

New legislation concerned with the welfare of people with physical disabilities (*shintai shōgaisha*) helped to remove disabled veterans from mainstream historical consciousness. The Livelihood Protection Law provided housing to people with physical disabilities who were unable to live independently—think of the prewar Haiheiin—but did little to help them negotiate their disabilities. The law improved the well-being of many people, but the Japanese government increasingly saw a need for dedicated livelihood assistance programs for the disabled. By summer 1947, even former officials of the wartime Gunji Hogoin called for improved services for nonmilitary people with disabilities.[72] In late July 1947, the Welfare Ministry issued a statement in support of skills-acquisition programs for people with acquired blindness on the grounds that they needed help in coping with the dislocating experience of being rendered sightless. Specialized residential programs seemed best suited for meeting the spiritual and vocational needs of blinded people, but the Livelihood Protection Law forbade the preferential outlay of public funds. Attention to the needs of the Blind grew to

include other communities of people with disabilities, and in early August, the Welfare Ministry presented PHWS with a proposal calling for the establishment of national vocational rehabilitation centers specifically for people with physical disabilities. The Welfare Ministry stated that it had begun to feel pressure from the public and the Diet to enact programs that would lead to self-supporting status for people with physical disabilities, a group that had been recently estimated to number approximately 500,000 people (see table 6).[73] In fact, around that time daily newspapers began airing the complaints of people with disabilities—mostly wounded servicemen—who were dissatisfied with the limited physical and vocational rehabilitation services provided by national hospitals. "We have been waiting for the Government and other organs concerned to take some step to alleviate our privation," complained one disabled veteran in September 1947. "However, the proposed improvement of our welfare facilities has made no noticeable progress."[74]

GHQ proved receptive to the Welfare Ministry proposal for comprehensive legislation concerning social services for people with disabilities. PHWS disagreed with some of the finer points of early draft proposals that it received, but in October 1947 Nelson Neff, chief of the PHWS's Welfare Division, regarded the general plan of the ministry to be "favorably considered."[75] PHWS repeated its familiar refrain of full governmental responsibility for public assistance programs and nonpreferential treatment of ex-servicemen, telling the Welfare Ministry that it expected full compliance on both counts. In December 1947, the Japanese government presented GHQ with a plan to establish twelve vocational rehabilitation dormitories for physically disabled male heads of households (amputees and men with impaired motor faculties). Unlike earlier postwar assistance programs, here the Welfare Ministry focused on physical and vocational rehabilitation rather than the provision of financial aid as the means for people with physical disabilities to become self-supporting. The state proposed to spend ¥50 million to build the facilities, which would be managed by their home prefectures with the operating costs shared between local and national governments. The droning PHWS reminders to the Welfare Ministry about full governmental responsibility abated once the Welfare Ministry sufficiently assured GHQ that only prefectures and the central government would fund the centers.

Some SCAP officials worried that injured ex-servicemen would receive special treatment at the rehabilitation centers. The head of the PHWS Medical Services Division, for example, stated in late December that the program would inevitably favor injured veterans and questioned the need for building specialized residential facilities when national hospitals were not operating at full capacity. But PHWS Welfare Division officials supported the proposal, calling it "a necessary adjunct to present health and welfare programs" and noting that the Welfare Ministry was well aware of the SCAP position on preferential assistance to ex-servicemen. Welfare Division contended that veterans who might benefit from the program did not represent "potential

manpower for future aggression" and suggested that people with disabilities might continue to face discrimination should the government, to avoid being accused of bias, hesitate to help them.[76] In March 1948, the Welfare Division suggested that a fixed ratio of ex-servicemen be admitted to the centers during their first year of operation.[77] Later that month, the head of the Welfare Ministry Social Affairs Bureau expressed reservations about mandating a fixed ratio, arguing that instituting such a quota would undermine nonpreferential treatment by perpetuating a distinction between ex-military and nonmilitary people with disabilities.[78]

PHWS was not swayed by this argument, even though wounded servicemen formed the majority of the program target population of twenty- to forty-year-old males. Wounded servicemen constituted 325,000 of the roughly 500,000 physically disabled people recognized by the state at that time; thus, the Welfare Ministry felt that rehabilitation programs would inevitably include a great number of ex-servicemen. In the end, PHWS backed away from establishing a fixed ratio of ex-military to nonmilitary residents by instead vetting applicants and holding the Welfare Ministry accountable when it came to the unbiased administration of the rehabilitation programs. The Ōhara Dormitory—Japan's first National Institute for the Rehabilitation of People with Disabilities—opened on property adjoining the Second National Hospital in Tokyo in June 1948.[79] In July, locally administered dormitories for the seeing-impaired became national institutions offering vocational training programs for the Blind. Nine of the twelve proposed rehabilitation centers for amputees and people with motor impairments opened by mid-January 1949. All these centers catered to male heads of households whose livelihoods had been adversely affected by their physical or visual impairments. By early 1949, PHWS and the Welfare Ministry had reached a level of accord that allowed for less strictly regulated oversight of the rehabilitation centers. Vocational rehabilitation programs did not publicly target injured, disabled, or blinded veterans as eligible recipients of relief, but neither did they discourage these men from seeking public assistance at rehabilitation centers.

In February 1948, the Welfare Ministry organized an extra-ministerial council charged with developing general rehabilitation services for people with disabilities. Soon afterward, the Welfare Ministry expressed interest in crafting legislation that would address the needs of people with disabilities in a more comprehensive manner than the Livelihood Protection Law. Such a law would diversify public assistance services and expand state-level vocational rehabilitation programs by extending assistance to the wider Japanese community of people with disabilities. The establishment of a Welfare Ministry Rehabilitation Section in summer 1948, followed by Helen Keller's crowd-pleasing second visit to Japan that autumn, bolstered public and private support for national disability legislation. PHWS and the Welfare Ministry met in November to outline what PHWS officials called a "physically

handicapped rehabilitation law." Both sides agreed that the proposed law must establish definitive medical criteria for impairments that impeded employment and that the Welfare Ministry must involve other governmental ministries and professional agencies in drafting the law.[80] In December 1948, PHWS suggested that a working committee of welfare professionals and public officials drawn from the extra-ministerial council on disability of the Welfare Ministry draft a bill for introduction in the Diet.

Members of the working committee submitted preliminary drafts to SCAP in early January 1949. Some of the early drafts included "mentally weak persons" and people with debilitating or contagious diseases, such as tuberculosis, among the beneficiaries of the law, but in its final form, the law applied only to people with visual and auditory impairments, missing or disabled limbs, speech disorders, and functional disorders of the nervous system.[81] During the following year, the working committee and the Welfare Ministry's Rehabilitation Section worked together to write the bill and submitted their drafts to GHQ for review. PHWS disapproved of some of the proposals, such as the mandatory registration of all people with disabilities and the establishment of rehabilitation centers that unnecessarily replicated services available at existing institutions. Another notable excision was a proposed clause establishing affirmative action for the disabled by requiring employers to hire qualified workers with disabilities. The Welfare Ministry had its mind set on enabling disabled people to work. As pointed out in an article written by an official in the Welfare Ministry Social Affairs Bureau that appeared in the July 1949 issue of the new ministry gazette *Welfare Report* (*Kōsei jihō*), simultaneously attending to the needs of 200,000 "former disabled veterans" (*kyū-shōi gunjin*) as well as "general disabled persons" (*ippan shōisha*) was a big task (see figure 6.2). On the one hand, there were the ex-servicemen, who were smarting from the loss of benefits and services, and, on the other, there were individuals who were unaccustomed to rehabilitation services. Improving the ability of these individuals to work seemed to be the key to success for both groups; vocational rehabilitation would bring many disabled ex-servicemen out of the national hospitals (according to the article there were still 5,000 such men lingering in hospitals) and improve the circumstances of the non-veteran disabled.[82]

In November 1949, GHQ's Legal Section questioned how the government planned to assess the existence of a disability. In the penultimate version of the bill, Welfare Ministry officials determined whether someone was eligible to receive assistance when reviewing applications for the *Physically Disabled Person's Handbook*, which an individual had to possess to receive assistance under the law. Legal Section demanded the insertion of a clause that clarified the disability assessment standards to forestall the possibility of an unfair review. As a result, the Diet revised the bill to require a medical examination by a licensed physician as part of determining an applicant's eligibility to receive public assistance.[83]

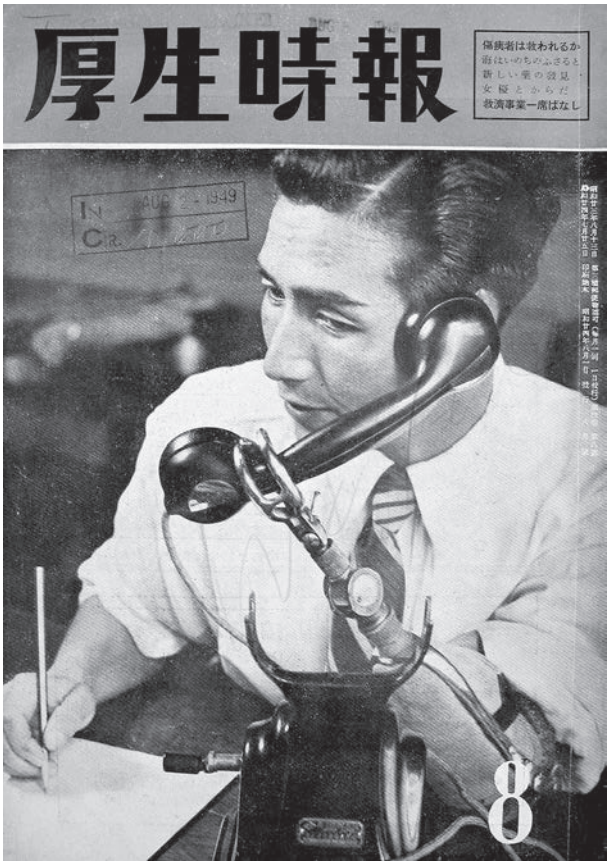

Fig 6.2. A young male amputee engaged in office work, which appeared as the front cover of the July 25, 1949, issue of *Welfare Report*. Although not explicitly stated, the man's physical appearance suggests that he is of the appropriate age range for being a disabled veteran. The image puts forth the idea that work will help people with physical disabilities to improve their circumstances. Held by the Gordon W. Prange Collection, University of Maryland libraries.

On December 26, 1949, the Diet promulgated the Law for the Welfare of Physically Disabled Persons (Shintai shōgaisha fukushi hō), which went into effect on April 1, 1950.[84] The aim of the law was to rehabilitate people with physical disabilities ages eighteen years and older "whose vocational ability is damaged owing to the physical disability" (Article IV) by encouraging them "to overcome disabilities and to participate in social and economic activities as quickly as possible" (Article II). Among its provisions, the law outlawed the "unfavorable and discriminative" treatment of people with disabilities (Article III) and promised rehabilitation relief via guidance centers,

asylum facilities for people with acquired blindness, workshops, artificial limb factories, and Braille libraries (Article V). The law established Welfare Ministry–managed local councils in each prefecture as well as a national council for the welfare of people with disabilities (Article VI). Citizens could apply to prefecture governments for the issue and repair of many types of assistive devices, including safety canes for the Blind, artificial limbs, hearing aids, and wheelchairs (Article XX). The law obligated the state not only to establish rehabilitation relief and vocational training facilities but also to create work-providing facilities for people with disabilities unable to find private-sector employment (Articles XXVII–XXXI). The law also provided citizens with the right of appeal when they suspected unfair treatment by public officials (Article XLI).[85]

A consequence of the law was that disabled veterans lost the ability to agitate for preferential treatment on the basis that they had acquired their disabilities during the course of military service (i.e., service to the state). All people with physical disabilities, ex-military and civilian alike, now received social welfare protections by law. There now seemed to be no legitimate reason for war-wounded ex-servicemen to inject their particular concerns and social identity as veterans into national politics, whereas war widows and war-bereaved families, whose financial and social circumstances had begun to improve as time went on, shifted their political voice from focusing on their own suffering and sacrifices to emphasizing those of their deceased husbands, fathers, and sons. Disabled veterans most likely resented the seemingly indifferent attitudes that the public at large manifested regarding their sacrifices, but they could no longer contend that the state was failing to address their livelihood needs.

The Forgotten Men

The establishment of rehabilitation programs for the physically disabled merged the demilitarization goals of SCAP and the reconfiguration of Japanese official understandings of social welfare. Occupation officials contributed to the establishment of postwar social welfare programs for the physically disabled that did away with the preferential treatment of servicemen as practiced prior to 1945. After Japan's defeat, a large civilian community of physically disabled people—consisting of not only congenitally disabled people but also people whose disabilities had been traumatically acquired during the final months of the war—required public relief. Intimately involved in creating rehabilitation centers for the physically disabled (precursors to more developed programs that were later instituted through the Law for the Welfare of Physically Disabled Persons), PHWS structured a program that recognized the need to rehabilitate disabled veterans and, at the same time, incorporated them into a larger community of disabled people.

The nonpreferential treatment of disabled veterans at rehabilitation centers proved to be a difficult task, however, when it became clear that many of the people who were physically eligible for rehabilitation were, in fact, disabled veterans. PHWS found itself in the position of having to remain flexible in its vetting of applicants for admission to the facilities, despite its preference for an admissions system based on a fixed ratio of ex-servicemen to civilian inmates. It is unlikely that PHWS would have shown such flexibility if the Welfare Ministry had not demonstrated an altered understanding of welfare services as public programs based on physical need rather than social status or identity. By indicating greater interest in universal programs for physical rehabilitation, the ministry displayed a general shift in its thinking about social welfare work. When it came to the issue of rehabilitating disabled veterans, by 1949 the views of PHWS and Welfare Ministry officials had converged to a point that allowed for the loosely regulated, nonpreferential treatment of wounded ex-servicemen at national institutions. Rehabilitation programs did not publicly identify disabled veterans as eligible recipients of relief, but neither did they encourage those men to seek assistance from the state.

Even as SCAP worked hard to establish rehabilitation programs that provided no special treatment for disabled veterans, Occupation officials left mechanisms in place that perpetuated the identification of disabled veterans. For example, during summer 1948—not long after agreeing that "especial care is [to be] taken to insure that preferential treatment is not afforded ex-military personnel" in any national physical rehabilitation program—GHQ Government Section and PHWS bureaucrats decided that Servicemen's Injury Badges could still be awarded to former servicemen.[86] In February 1947, SCAP had suspended the awarding of military decorations, but during summer 1948, members of GHQ's Nagano Military Government Team discovered that the Demobilization Board of the Welfare Ministry's Repatriation Relief Agency (Hikiage Engochō Fukuinkyoku) was distributing "wounded soldier's medals" via prefectural welfare channels.[87] The Nagano report arrived at PHWS in July; Neff, chief of the Welfare Division, summoned Vice Minister Kasai of the Welfare Ministry and Director Kotsuki Yoshio of the Demobilization Bureau to his office to explain this apparent breach of SCAP orders.

A few days later, Kotsuki submitted to Neff a report stating that 30,881 "wound badges" and 559,985 "badges for bereaved families of the armed services" had been distributed since early September 1945. The report pointed out that the Japanese government had not, in fact, received written instructions prohibiting the awarding of decorations or medals to veterans and, in February 1947, had accepted only verbal instructions to suspend the distribution of "money grants, bonuses, decorations, etc." to veterans and their families.[88] At the July 22 meeting, Kotsuki told Neff and "Mr. Snyder" (actually J. Schneider) of GHQ's G-2, or Intelligence Section, that the Japanese word

for *decoration* (*kunshō*) differed from the word for *badge* (*kishō*). Decorations, according to Kotsuki, were "awards given for positive acts of bravery above and beyond the call of duty," whereas badges for wounded servicemen and bereaved families were not decorations. As for the nature of a badge,

> The wound badge was manufactured by a part of the war relief fund contributed by the nation at the time [of the war], so that it is quite different in nature from decorations and medals; it is nothing but a mark for the wounded or sick; nor is any public privilege annexed to it. The only reason, however, why this was promulgated by Imperial ordinances was that it was thought better to intimate the nation in general on it solely from the moral point of view, rather than to keep it as a private mark in the circles of the Army and Navy.[89]

GHQ apparently regarded this to be a plausible distinction. "Since [the Japanese] had not considered these two awards as decorations," wrote Neff in his meeting report, "[Mr. Schneider] was inclined to accept this explanation [for the badges' distribution] as reasonable."[90]

Still, PHWS and G-2 decided to examine the matter, and in early August, G-2 submitted a check sheet to GHQ Government Section that stated, "G-2 does not feel that the Japanese, in continuing award of these badges, violated any SCAP orders." According to G-2, the Demobilization Bureau explanation of a "strict distinction" between the meanings of *decoration* and *badge* appeared sufficient to allow for the distribution of injury and bereavement badges in accord with the February 1947 instructions regarding military decorations. Moreover, G-2 concluded, "An order to terminate the issuing and discourage the wearing of these badges at this time appears to be an unnecessary act of harshness likely to cause ill feeling and serve no useful purpose."[91] On August 19, Neff called Kasai and Yoshizumi Masao, vice chief of the Demobilization Board, to a subsequent meeting with Schneider, where Neff informed the Welfare Ministry officials that

> SCAP has decided that the appropriate Japanese Government authorities will, exceptionally, be permitted to present to qualified persons the Soldiers' Wound Badge (Gunjin Shoi Kisho) and the Bereaved Family Badge (Gunjin Izoku Kisho). SCAP does not however mean to encourage the conferment of these badges. These badges or medals are not to be publicly displayed or worn in connection with public and/or private welfare fund drives or for the purpose of street solicitation or street begging. The Japanese authorities will take appropriate measures to prevent and suppress the wearing or display of these badges for such purposes.[92]

Calling them "mementos," Neff and Schneider told the ministry that SCAP did not regard the badges as military decorations. The matter of issuing

badges placed Occupation officials in a delicate situation. SCAP took elaborate steps to ensure the weeding out of a military bias from social services such as the new physical rehabilitation program, but it did not want to seem insensitive to the plight of disabled veterans. In the end, SCAP tolerated the distribution of the badges, perhaps because of perceivable changes in Japanese social relief policymaking.[93]

By mid-1948, the Welfare Ministry began to adopt PHWS views of public welfare and assistance, as shown through the establishment of the Ōhara Dormitory, and by the end of the year, PHWS began to demonstrate increased flexibility when it came to integrating disabled veterans into public relief programs. Fortunately for disabled veterans, Welfare Ministry efforts to establish national physical rehabilitation programs that included ex-servicemen came at a time when disabled veterans embodied mere reminders of the past Japanese military threat. PHWS officers even went as far as articulating their belief in December 1947 that Japan's disabled veterans posed no future threat.[94] Militaristic activity was probably far from the minds of Japan's disabled veterans during the Occupation; they had more immediate, everyday concerns. This brings us back to Itō Masao, the double-amputee found begging on a train by a U.S. missionary.

Edged out of the former military hospitals, pushed to pay for their own medical costs, and driven to the sidelines of heroic martyrdom, many Japanese disabled veterans were weathering hard times as the country moved further and further away from August 15, 1945. Over time, men with immobile or missing limbs, impaired vision, and scarred faces began donning their leftover white hospital gowns and moving into the streets to solicit money from their countrymen. An article published in the October 1949 issue of the Buddhist magazine *Great Radiance* (*Daihōkō*) gives a sense of how such appeals evolved. Writing under the pseudonym Shimon Shutsuyū ("four encounters," referring to the early experiences of Prince Siddhartha, in which he learned about the nature of worldly suffering), the author points out that he first noticed "white-robed wounded and sick soldiers" begging in the streets in 1947, when groups of five or six men would quietly stand at busy street corners, empty collection boxes positioned in front of them. Wearing white gowns and brassards emblazoned with red crosses, these men uttered no words, but through their presence alone, they implored passers-by to give them change. Then, after about a year had passed, those same men were beseeching people to contribute—calling out to people on the streets. More recently, in the past couple of months (i.e., in 1949), noted the author, these white-robed men had begun forming small musical bands and signing loudly in an attempt to draw the attention of the public (see figure 6.3). Comparing them to "gypsies," the author noted that these men were "pathetic" (*hisō na*) presences that created an uneasy feeling because, rather than playing solemn military anthems, they instead covered all the popular hit songs of the day. Ultimately, the author compared them to Japan

Fig 6.3. Uncredited photograph of four disabled veterans singing songs for alms on the streets of Osaka (March 1950). Used with the permission of Mainichi Shinbunsha.

itself, which he perceived was attempting to attract international goodwill in the wake of the Second World War.[95]

In November 1950, the *Nippon Times* reprinted a *Tokyo Times* article about disabled veterans begging in the streets of the capital. The article began by presenting a stock solicitation used by such men at the start of their appeals for charitable assistance, both in the streets and aboard public transportation:

> Kind passers-by (or passengers)! May we beg of you to listen to us a few minutes? We fought, no, were made to fight on the field of battle. We went though peril, privations, and suffering unimaginable. We have come back sick or wounded. Much as we know that we must help ourselves, we are compelled to seek help from the kindhearted in our struggle for self-support. We appeal to the sympathy of everyone [*sic*] of you, gentle passers-by (or passengers). Any consideration you may give us will be accepted with hearty gratitude.[96]

Five years after the end of the war, such was the sort of plea being uttered by wounded ex-servicemen, now "men in white" rather than "white-robed

heroes." For some disabled veterans, soliciting was the only way they could maintain a minimum standard of living. "The only tangible benefit that the Law for the Welfare of Disabled Persons gives . . . is that the sick and wounded ex-servicemen will be given preferences in the granting of licenses for the sale of salt and tobacco," bemoaned one veteran (salt and tobacco were state-controlled monopolies).[97] In August 1950, the Donations Committee of the Tokyo metropolitan government banned wounded veterans from soliciting money on the street, calling it "analogous to begging."[98] The ban went into effect on October 7—the same week as the annual Home Front Support Strengthening Week observed during wartime—and similar prohibitions soon followed in other parts of the country, but veterans in white still asked for money in the streets.[99] However, "society has moved on," stated a follow-up article in *Nippon Times*, "leaving these maimed and crippled ex-servicemen in its wake as forgotten men."[100]

Some Japanese noticed the troubles of the "forgotten men" of their country, and so did the occupiers. In May 1950, Reverend Rice, moved by the spirit of Christian charity, decided to provide Itō Masao with the funds he needed to procure artificial limbs. "The more I thought about [the plight of these white-robed beggars] the more inwardly irate I became with whomever was responsible," Rice told the *Nippon Times* in July 1950. According to him, these were "men who had gone to battle at the call of their government, men who had given their best, men who had now been crippled for life, and men who had been largely left to live a life and penury and beggary." Their problem was that "they were defeated soldiers and not victorious ones."[101] On December 9, 1950, an American named Austin Morrill wrote a letter to the *Nippon Times* relating how he was affected by the November article in the newspaper about disabled veterans begging in the streets. "I know that the Japanese must be heartily sick of Americans giving them smug advice," admitted Morrill, "and they may perhaps feel that we can have no possible reason for pitying those against whom we fought and who might be taken to be responsible for the crippled and blasted young men who fill our own hospitals." However, he continued, "we cannot harden our hearts against these men who have already suffered such personal tragedy nor can I believe that the Japanese people intend to make them the scapegoats for a mistaken and disastrous national policy of which they are the daily reminders. Defeat does not erase the fact that they sacrificed for their country. They should be given every honor and care by their fellow countrymen." Morrill admonished the Japanese government to take better care of the "men in white," and using language that probably irritated SCAP, he urged Japanese businesses "to give preferential treatment to disabled veterans" when it came to hiring qualified workers.[102]

In fact, political and economic conditions began to improve in Japan once the 1950s rolled around. Granted, SCAP stayed in place until April 1952, but five years of benevolent guidance had already helped to reorient

Japan and its people towards brighter times. Oddly enough, an emerging war helped, too. When North Korean military forces marched into South Korea in June 1950, thus inaugurating the Korean War of 1950–1953, U.S. President Harry Truman ordered U.S. military forces to help the South Koreans defend themselves. In later years, Japanese Prime Minister Yoshida Shigeru called the Korean War "a gift from the gods" because it diverted attention away from Japanese domestic affairs as U.S. military leaders focused their sights on new foes.[103] Prohibited from sending troops to Korea, Japan instead backed up the U.S. effort by providing materiel and building morale. Japan's new national hospitals soon admitted wounded U.S. servicemen, who were evacuated overseas as the fighting in Korea moved back and forth in the peninsula. In those facilities, Japanese children and women, including "Miss Tokyo of 1950" and "eight taxi dancers of the Florida Dance Hall," visited U.S. wounded soldiers bearing flowers and smiles.[104] On August 6, 1950, a letter appeared in the *Nippon Times* written by "A Japanese Woman" who confessed that "Since the outbreak of war in Korea my heart has been aching thinking of the GIs who are dying or severely wounded at this very moment . . . far away from their motherland, where their mothers, wives, and sweethearts are praying for their good luck." But she had an idea, which doubtless drew from her past experiences consoling Japanese men at war and possibly had been learned during Home Front Support Strengthening Week: "How about sending them comfort bags? . . . [Young U.S. GIs] will be very glad to have those bags full of little comforts, such as Japanese dolls, perfumes, handkerchiefs. Will any one in a position capable of sponsoring this movement please carry out this plan?"[105] Some lessons, it seems, are hard to forget.

Meanwhile, out in the streets, the forgotten men of Japan—casualties of war and peace and, eventually, casualties of history—begged for attention.

Notes

Notes to the Reader

1 Drea, *Japan's Imperial Army*, 161.
2 See the charts "Quotations of Foreign Exchange Market" in Imperial Japanese Commission, 615–18; "Average Exchange Rate" in Inahara, 347–48; "Table 23: Trend of Foreign Exchange Rates" in Asia Statistics Company, 159.
3 Officer and Williamson.

Introduction

1 Kamizawa, 12–16.
2 "Imperial Rescript on Surrender," 1017.
3 Drea, *Japan's Imperial Army*, 191.
4 See "Table 11.2: Regular Army and Reserve Troop Numbers, 1937–1945," in ibid., 235.
5 See the chart "Kaigun gunjin gunzoku inzū ruinen ichiran," in Kaigun Rekishi Hozonkai, 56–58.
6 In accord with practices routinely embraced by blinded individuals in the United States, this book uses *Blind* to denote sightless people and *blind* to signify the absence of visual perception.
7 See, for example, Gerber, "Blind and Enlightened: The Contested Origins of the Egalitarian Politics of the Blinded Veterans Association"; Gerber, "In Search of Al Schmid: War Hero, Blinded Veteran, Everyman."
8 Garland-Thomson, *Staring*, 10.
9 For a breakdown of the disposition of IJA casualties in north China between September 1931 and March 1934, see "Manshū Jihen gunbetsu sōkanja byōmeibetsu shibō joeki hyō," 1113–17.
10 Keizai Antei Honbu Sōsai Kanbō Kikakubu Chōsaka, 51.
11 Dower, *War without Mercy*, 298.
12 "Kita-Shi Jihen ni okeru senshōbyōsha hassei jōkyō," 1226–27.

13 See Rikugun Gun'idan, *Yasen byōin kinmu no sankō.*
14 Dower, *Embracing Defeat,* 39.
15 Sonoguchi, n.p.
16 Keizai Antei Honbu Sōsai Kanbō Kikakubu Chōsaka, 8n. 1, 51.
17 Ienaga, 247.
18 Tsurumi Shunsuke, quoted in Shoji, 62.
19 Havens, 11.
20 Shoji, 65.
21 Veterans contributed to oral history projects such as Cook and Cook, *Japan at War,* and Gibney, *Sensō: The Japanese Remember the Pacific War,* but writings by disabled veterans were not included. Havens's *Valley of Darkness* does not draw attention to veterans, but then, neither does Ienaga's *The Pacific War.* Although he does discuss veterans' concerns, Dower devotes little more than a paragraph to disabled veterans in *Embracing Defeat.* For two article-length studies that hinge on oral interviews with IJA veterans, see Kawano, "Japanese Combat Morale"; Yang, "Atrocities in Nanjing." Japanese historians have begun to tackle the task of studying privately organized postwar veterans associations, which are typically made up of veterans from the same battalion or regimental unit; see Sen'yūkai Kenkyūkai, *Sen'yūkai kenkyū nōto.*
22 Recent English-language scholarship about war memory and the experiences of Japanese war sufferers includes Igarashi, *Bodies of Memory*; Nelson, "Social Memory as Ritual Practice"; Orr, *The Victim as Hero*; Seraphim, *War Memory and Social Politics in Japan*; Smith, "The Shōwa Hall: Memorializing Japan's War at Home"; Watt, *When Empire Comes Home.* For disabled veterans, see Fujiwara, "Japan's Other Forgotten Soldiers"; Matsumura, "State Propaganda and Mental Disorders"; Schmidt, "Disabled Colonial Veterans."
23 For the "new military history," see the articles by Chambers and Shy.
24 Studies of physically disabled veterans of Europe and the United States that have appeared since 2000 include Cohen, *The War Come Home*; Gerber, *Disabled Veterans in History*; Hasegawa, *Mending Broken Soldiers*; Kinder, "Iconography of Injury"; Linker, *War's Waste*; Perry, "Recycling the Disabled"; Reznick, *Healing the Nation*; Serlin, *Replaceable You.*
25 Readers interested in learning more about people with disabilities in Japan would do well to consult Nakamura, *Deaf in Japan* and *A Disability of the Soul.* Two recent books that discuss physically disabled people in China are Diamant, *Embattled Glory;* Kohrman, *Bodies of Difference.* For examples of recent scholarship about Indian and Australian servicemen, respectively, see Harrison, "Disease, Discipline, and Dissent"; Larsson, *Shattered Anzacs.*
26 Noteworthy post-2000 Japanese-language scholarship on disabled veterans, soldiers' experiences, and the total war mobilization of the 1930s and 1940s includes Fujii, *Heitachi no sensō*; Gunshi, *Gunji engo no sekai*; Ichinose, *Jūgo no shakai shi*; Kawano, "*Gyokusai*" *no guntai,* "*seikan*" *no guntai*; Ueno, "Shōi gunjin, sensō mibōjin, sensai koji."
27 Edogawa Ranpo (Rampo) was the pen name of Hirai Tarō, a crime novelist. For a recent translation of the story into English, see Edogawa, "The Caterpillar," in Tyler, ed., *Modanizumu* (2008). The story's first published appearance was as the short story "A Nightmare," which appeared in the January 1929 issue of *New Youth* (*Shin seinen*) magazine; see Edogawa, "Akumu." The first translation of

the story into English was in Edogawa, *Japanese Tales of Mystery and Imagination* (1956). An interpretive, sexually graphic manga version of the tale is Maruo, *Imomushi* (2009). For the quotations here, see Edogawa, "The Caterpillar," in Tyler, ed., *Modanizumu*, 408, 411.

28 See Ooka. The novel was translated into English in 1957.

29 "Imomushi" has been filmed twice, both rather liberal adaptions—first in 2005 by director Satō Hisoyuki as part of the anthology film *Ranpo jigoku* (translation:. Rampo Noir) and then in 2010 by Wakamatsu Kōji as *Kyatapirā* (Caterpillar). The latter film situates the plot in 1944–1945; Wakamatsu's version does not credit Ranpo's story but the appropriation is undeniable.

30 Sugano, 93.

31 Gordon, 221. My thanks to Richard Ruth for introducing Gordon's memoir to me.

32 Knight, 218.

33 English- and Japanese-language scholarship on Japanese military violence during the Second World War is considerable. To begin broadening their understanding of the violence wrought by Japanese servicemen on Asian and non-Asian peoples during the war, readers should consult Dower, *War without Mercy*; Harris, *Factories of Death*; Ienaga, *The Pacific War*; Yoshida, *The Making of the "Rape of Nanking"*; Yoshimi, *Comfort Women*.

34 For recent studies of Japanese war sufferers see Dower, *Embracing Defeat;* Seraphim, *War, Memory, and Social Politics in Japan*. For the kamikaze, see Ohnuki-Tierney, *Kamikaze, Cherry Blossoms, and Nationalisms* and *Kamikaze Diaries*. For student-age military casualties, see Nihon Senbotsu Gakusei Kinen-Kai, *Listen to the Voices of the Sea*. For the deaths of Japanese civilians on Saipan, see Cook, "Women's Deaths as Weapons of War in Japan's 'Final Battle.' " For atomic-bomb survivors, see Lindee, *Suffering Made Real*. For animal sufferers at Ueno Zoo in Tokyo, see Miller, *The Nature of the Beasts*.

35 "Sengo minasama no okage de takuwaeta chikara o," 3; Shōkeikan, *Jōsetsu tenji mokuroku*, 3.

36 Two such studies consulted for this book are Nihon Shōi Gunjinkai, *Nitchū Sensō, Taiheiyō Sensō no senshōbyōshazu to jittai ni kansuru chōsa hōkokusho*; Nihon Shōi Guninkai, *Senshōbyōsha Nado Rōku Keishō Jigyō Chōsa Kentō Iinkai hōkokusho* (both published in 2004).

37 "Ankēto imi nado," 39–40.

38 "Nishō, onaji Tsuma no Kai Yosan Yakuinkai kaisai (Zai) Nihon Shōi Gunjinkai Heisei 25-nendo kaisan ketsugi," 1.

Chapter 1

1 For quotations from the textbook, see Monbushō, *Jinjō shōgaku dokuhon*, 129–38. According to a teachers' manual published by the Education Ministry in 1931, chapter 28 of its volume 11 ethics reader for sixth-graders, on the Haiheiin, was one of twenty-four new chapter-length lessons in the 1923 edition. The teachers' manual characterizes this lesson as a means for bettering the "civic mindfulness" of students; see Monbushō, *Jinjō shōgaku dokuhon shūsei shuisho*, 171, 175–77. Practice books and study guides meant for at-home use identify the new vocabulary and concepts found in each textbook chapter; for one example, see Shōgaku Kyōikukai, 112–16.

2 For the characterization, see Anderson.
3 Drea, *Japan's Imperial Army*, 81.
4 "Jukkyū kisoku," 198. As Sally Ann Hastings points out, "In the early years of Meiji, Japanese government officials were more concerned with the problems of Japan as a poor nation than with the poor individuals within Japan" (19).
5 Sanbō Honbu, 105. Japanese fatalities of the Sino-Japanese War totaled 13,164 servicemen, a body count that included 1,116 killed-in-action fatalities, 285 wounded-treated-died casualties, and 11,587 men downed by disease; Nihon Shōi Gunjinkai, *Senshōbyōsha*, 39. For an overview of IJA field medical services during the war, see Kurosawa, "Nisshin Sensō ni okeru yasen byōin ni tsuite."
6 Grades 1, 3, and 5 designated the stated injuries. Grades 2, 4, and 6 stipulated that injuries or illnesses of an equivalent nature to those found in grades 1, 3, and 5 would be classified alongside the injuries specified in the preceding category.
7 Imperial Japanese Commission, 567. A carpenter earned approximately ¥6.7 per month.
8 "Gunjin onkyū hō," 4–9.
9 Shiraishi, 241–42.
10 Arakawa, 47–54.
11 Teikoku Gunjin Kōenkai, 5–23, 191.
12 Ōhama, 90–93; Aikoku Fujinkai, *Aikoku Fujinkai 40-nen shi*, vol. 2: 1–4, 49.
13 Irokawa, 294.
14 Drea, *Japan's Imperial Army*, 116, 119; Nihon Shōi Gunjinkai, *Senshōbyōsha*, 40.
15 Rikugunshō, *Meiji*, 171–72, 174–75.
16 "Dai-27 hyō: Nyūin shōsha tenki" in ibid., 262–63.
17 "Dai-35 hyō: Eisei kikan betsu shujutsu hyō" in ibid., 453–55. For an overview of IJA field medical services during the war, see Kurosawa, "Nichi-Ro Sensō ni okeru yasen byōin ni tsuite."
18 Shimazu, 8.
19 For the phrase, see Sharf and Ulak.
20 Kanagawa-ken Chiji Kanbō, 56–292.
21 Aikoku Fujinkai, *Aikoku Fujinkai 40-nen shi*, vol. 1: 85, 90.
22 "Fiftieth Anniversary of First American Treaty," 138–39.
23 Quoted in Gunshi, *Gunji engo no sekai*, 15.
24 According to Article II, a conscript's family included grandparents, parents, wife, brothers and sisters, and children living together in one house at the time of his active-duty service, as well as any children born to him by his wife during said time; "Kashi heisotsu kazoku kyūjo rei," 219.
25 Gunshi, *Gunji engo no sekai*, 17.
26 Tōkyō-fu Shitaya-ku, 376–404.
27 "Kashi heisotsu kazoku kyūjo rei," 219.
28 Quoted in Gunshi, *Gunji engo no sekai*, 81.
29 "Haiheiin hōan (Seifu teishutsu)" (6 March 1906), 180.
30 "<Dai-22-kai Teikoku Gikai Shūgiin> Haiheiin hōan iinkai giroku (sokki), dai-2-kai," 3; "<Dai-22-kai Teikoku Gikai Shūgiin> Haiheiin hōan iinkai giroku (sokki), dai-3-kai," 10.
31 "Haiheiin hōan (Seifu teishutsu)" (13 March 1906), 272–73.
32 Articles I and III, "Haiheiin hō," 66.
33 Gunshi, *Gunji engo no sekai*, 85.

34 "Tōkyō Haiheiin 10-shūnen kinenkai," 128.
35 Gunshi, *Gunji engo no sekai*, 94–95.
36 Kashi, 52. Ohara died in 1970, making him the longest-lived survivor of the Hakkōda Death March; Yano, 44.
37 Yamaji, 238.
38 Ibid.; Nishikawa, 48–49.
39 Tada, 68.
40 Lone, *Provincial Life*, 63–64.
41 Teikoku Gunjin Kōenkai, 177–79.
42 Drea, *Japan's Imperial Army*, 107, 125–28.
43 Gunshi, *Gunji engo no sekai*, 120–21.
44 Matsuo, 147–54.
45 Nihon Shōi Gunjinkai, *Senshōbyōsha*, 41.
46 Ichinose, "Nichi-Ro sengo," 9. The book is Kanō Jinsaku, *Gunji kyūgo hō to Mutō Sanji* (Tokyo: Shadan Hōjin Kokumin Kaikan Kōmin Kōzabu, 1935).
47 Oguri, 139, 147. The autobiographies are *Mutō Sanji minouebanashi* (publisher unspecified, 1934) and *Watashi no minouebanashi* (published by the author, 1934).
48 Mutō's proposals and prefatory remarks can be found in Chūō Shakai Jigyō Kyōkai, *Gunji fujo seido no hassei*, 8–14.
49 Ibid., 13–14.
50 Gunshi, *Gunji engo no sekai*, 146–47, 149–50; Ikeda, 544.
51 "<Dai-36-kai Teikoku Gikai Shūgiin> Gunji onkyū hō no naka kaisei hōritsuan to hoka no 2-ken iinkai giroku (sokki), dai-2-kai," 596.
52 "Heiekizei hōan (Yajima Hachirō kun to hoka no 16-mei teishutsu); Haihei, senbyōshisha izoku, gunjin kazoku kyūgo hōan (Yajima Hachirō kun to hoka no 16-mei teishutsu" (26 December 1915), 268–70.
53 Ibid., 267.
54 Gunshi, "Gunji kyūgo hō no seiritsu," 14.
55 Ibid., 9–10; Ichinose, "Nichi-Ro sengo," 13–14.
56 Takeuchi, 44.
57 Quoted in Gunshi, *Gunji engo no sekai*, 25.
58 Garon, 39–40.
59 "Gunji kyūgo hōan (Seifu teishutsu)" (26 June 1917), 38.
60 "<Dai-39-kai Teikoku Gikai Shūgiin> Gunji kyūgo hōan iinkai giroku (sokki), dai-3-kai," 117.
61 "Gunji kyūgo hō," 1. Servicemen who deliberately injured themselves or sustained an injury through grave negligence were ineligible for relief through the law (Article II, Clause 2).
62 In 1919, the Home Ministry reorganized its Relief Section to become the Social Affairs Section (Shakaika). The next year, the section was expanded as the Social Affairs Bureau (Shakaikyoku), which the government split away from the Home Ministry in 1938 to become the core of its new Welfare Ministry.
63 Ushio, 26.
64 Quoted in "Gunji kyūgo hō jisshi kyōgikai," 129.
65 Horiuchi, 8–9.
66 Takenobu, *Japan Year Book*, 302. A professor at Keio University concluded that an average working-class family's living expenses amounted to ¥37.5 per month at the end of 1917.

67 Article XLIX in "Onkyū hō" (14 April 1923), 408.
68 The components of each grade were specified in Article XXIV of the Pension Law Execution Order (Onkyū hō shikō rei) of August 16, 1923; Article XXIV in "Onkyū hō shikō rei" (17 August 1923), 417.
69 Article LXVI in "Onkyū hō" (14 April 1923), 410. The Pension Law Enforcement Order included a separate ten-category list of thirty qualifying injuries or chronic impairments for these grants, most of which dealt with hearing and vision problems; Article XXXI in "Onkyū hō shikō rei" (17 August 1923), 416–17.
70 "Dai 3-go hyō" in "Onkyū hō" (10 April 1933), 240; Article XXIV, Clause II, in "Onkyū hō shikō rei" (August 1933), 38–39.
71 "Dai-1-go hyō" in "Onkyū hō" (14 April 1923), 414.
72 Kawano, "Japanese Combat Morale," 343. After interviewing veterans of the IJA Thirty-Seventh Division, Hitoshi Kawano concluded that "even if [a soldier] was one of the toughest and most motivated soldiers in the platoon, he considered getting evacuated by intentionally getting a minor wound. Because these thoughts occurred to him, many others must have had similar thoughts about self-inflicted or minor wounds, and some likely acted on them."
73 Cohen, *The War Come Home*, 151.
74 Hickel, 236–39; Linker, 27–33.
75 "Fu-gun bōbyōin ni yūdoku gasu no giseisha o mimau," 68; "Byōshōhei sōkan no hanashi," 26–27.
76 Okada, "Sengo katei naki haishitsusha no kyūjo," 64–67.
77 Mutō (3 June 1920), 33.
78 "Haiheiin genzai no zaiinsha," 56.
79 "Haiheiin no kinji," 35–36.
80 "Manshū Jihen gunbetsu sōkanja byōmeibetsu shibō joeki hyō," 1116.
81 Gunshi, *Gunji engo no sekai*, 133–37. For the quotation from the report, see p. 133.
82 Fujino, 4–8. Occupancy at the Haiheiin was ninety-eight men in 1931, eighty-eight men in 1932, and ninety-one men in 1933; "Hyō 1: Haiheiin, Shōheiin nyūinsha no iten" in Yano, 46.
83 "Shōheiin hō," 6.
84 Article I, "Shōheiin hō shikō rei," 265 (italics added).
85 Yano, 57, 63.
86 "Hyō 1: Haiheiin, Shōheiin nyūinsha no iten," in ibid., 46.
87 "Haiheiin hō no naka kaisei hōritsuan (Seifu teishutsu, Shūgiin sōfu)" (19 March 1934), 380.
88 In June 1918, the Japanese government founded the Relief Services Investigatory Commission (Kyūsai Jigyō Chōsakai)—the predecessor of the Social Services Investigatory Commission—to study the relief needs of contemporary society. The group was renamed in 1921 but was disbanded the following year; it reconvened in June 1926 as an external advisory group of the Social Affairs Bureau. "Shakai Jigyō Chōsakai setchi," 247–48.
89 For Wakatsuki's comments, see "Kyūgo hōan (Seifu teishutsu)" (17 March 1929), 759.
90 For an overview of the enactment of the Relief Law, which Tatara translates into English as the "Poor Relief and Protection Law," see Tatara, "1400 Years of Japanese Social Work," 169–80.
91 "Kyūgo hō," 249.
92 For the establishment of the district commissioner system, see Garon, 52–56.

93 Kōseishō 50-Nenshi Henshū Iinkai, vol. 2: 263.
94 Nabeta, 42.
95 Mochinaga, 6.
96 Compare Article V in "Gunji fujo hō," 278, and Article V in "Gunji kyūgo hō," 2 (italics added).
97 "Nyūeisha shokugyō hoshō hō," 357–59. Men had to rejoin workplaces within three months of being discharged from military service.
98 Nakashima, 14–15.

Chapter 2

1 Hodota, 167.
2 Okano, 118.
3 Dumdum bullets were outlawed munitions by the 1930s. The British developed dumdum bullets during the 1890s at the Dum-Dum arsenal located near Calcutta. The First Hague Convention of 1899 prohibited their use by signatory nations, including Japan. During the 1930s and 1940s, the use of dumdums provided verbal ammunition for both the Chinese and Japanese governments. For an early denunciation of Chinese complaints to the League of Nations over the Japanese use of dumdum bullets, see "Damudamudan mondai," 1.
4 Okano, 119.
5 Benedict, 35.
6 Ibid., 37.
7 The verses were written by Ōtomo no Yakamochi, a Heian period aristocrat, and appeared in the *Man'yōshū* poetry anthology (c. 733–759). Nobutoki Kiyoshi, composer, set them to music in 1937.
8 Ienaga writes, "The wounded were an impediment to military operations because attempts to save them often resulted in more casualties or diverted manpower. A battlefield morality of 'not becoming a burden to others' prevailed. The wounded were forced to kill themselves or they were shot, depending on circumstances" (182).
9 With regard to the nexus of death, patriotism, and loyalty during the war, Toshio Iritani assesses that "In the emergency wartime situation, the sadomasochistic pattern of inflicting and receiving pain was inescapable and in the end [all military personnel of all ranks] had to die" (208).
10 Kawahara, *Tatakau gishu*, 7–12. Strictly speaking, *gishu* translates into English as "artificial hand" but also means "artificial arm" in general; I employ *artificial arm* when translating the title of Saijō's memoir into English because Saijō lost much of his arm, not just his hand.
11 My reconstructed sequence of events for both Saijō and Kawahara, including the date of Saijō's wounding, derives from information contained in Kawahara's two books, *Kasen no gun'i* (1940) and *Tatakau gishu* (1941), as well as "Rinji Tōkyō Dai-3 Rikugun Byōin gyōkō kiji," 525–42.
12 The Japanese term *eisei* is polysemic; it can be translated in a broad sense as "health" or in specific contexts as "hygiene (hygienic)," "sanitation (sanitary)," or "medicine (medical)."
13 *Eiseihō oyobi kyūkyūhō*, 3. See also *Shutsudōgun kashikanhei eisei kokoroe.*
14 Kamitsukasa, 143–44.
15 U.S. War Department, 348.

16 For a discussion of revisions that took place during the 1930s, see Rikujō Jietai Eisei Gakkō Shūshinkai, 251–59.
17 For reference to this plan, see Kanahara, 9–11; Idezuki, 3.
18 This was a long-standing IJA preference. Lines of medical assistance formalized during the Russo-Japanese War stressed the rearward evacuation of casualties to installations staffed by military medical officers. Although the presence of rudimentarily trained medical personnel such as litter-bearers had a positive effect on troop morale during the war with Russia, the IJA did not institutionalize the posting of medical officers within combat zones. As one Japanese medical officer related to a British military observer in June 1905, "I had often to go out under heavy fire to the point where the [litter-bearers] started to give advice and direct matters. Whenever this was done, the men seemed greatly relieved, and the presence of the medical officer amongst them is a good effect. The lesson that is to be learnt from this is that it is the duty of the medical officer to expose himself to risk as much as the combatant officer." Such a realization did not translate into widespread policy, however, and the IJA maintained a preference for keeping trained medical professionals away frontline combat; "The Collection of Wounded," 485–86.
19 Idezuki, 48.
20 The title of Idezuki's report is "Dai-1-sen Senshō Geka Kenkyūkai," reprinted in ibid., 50–95.
21 A brief description of this selection process is noted in Seki, 79–80.
22 "Dan'u no naka ni katsuyaku suru eiseitai," in <*Seisen bidan*> *Kōa no hikari*, n.p. My thanks to Tan'o Yasunori for sharing this source with me.
23 Seki, 81. Seki points out that troops addressed medics as *eisei-dono* during battle (*-dono* being a more respectful form of address than *-san*).
24 Rikugun Shikan Gakkō, 60.
25 Kajiyama, 14. The structure of dressing stations is discussed in Nakamura, *Gun'i to gunjin geka*, 17.
26 "Do not transport the mortally wounded" appears first in a list of provisos about medical evacuation procedures enumerated in at least one Army Medical Corps manual; Rikugun Gun'idan, *Gunjin gekagaku kyōtei*, 106.
27 Hitoshi Kawano states in his study of Japanese combat motivations that an IJA veteran of the war in China told him during an interview that "no idiot" ever said, "Long live the emperor!" "Japanese Combat Morale," 343.
28 "Shitsugi ōtō," 402.
29 Gōda, 671.
30 Rikugun Gun'idan, *Gunjin gekagaku kyōtei*, 104.
31 Kingendaishi Hensankai, 9.
32 "Fuhyō dai-2: Kakuhōmen gun, gensentō joretsu hyō," in Bōeichō Bōei Kenshūjō Senshishitsu, n.p.
33 Rumasakikai Kanji, 3–9. The 225 men consisted of 17 Sanitary Corps officers (13 military doctors, 2 pharmacists, and 2 reserve officers), 125 Sanitary Corps NCOs and men, a paymaster, and 82 soldiers assigned to transport duties.
34 "Furoku dai-26: Yasen byōin ni kankei aru senshōbyō sho-tōkei hyō, sono 9; Sen'eki betsu yasen byōin ni okeru senshōshi ritsu," and "Furoku dai-26: Yasen byōin ni kankei aru senshōbyō sho-tōkei hyō, sono 10; Senshō shuruizū betsu senshō senshōshi betsu (Shanhai sentō ××-shidan yasen byōin shirabe)," in Rikugun

Gun'idan, *Yasen byōin kinmu no sankō*, n.p. (×× was redacted from the title of the chart.)

35 Kawahara, *Tatakau gishu*, 42.
36 "Dai-19-hyō: Shishi setsudan kanja gen'in," in Tomita, *Senshō gaku*, 181.
37 Tomita, *Senshō gaku*, 181.
38 Yamada, "Gasu eso o heihatsu seru senshō 7-rei ni tsuite," 837–56.
39 Satomi, 70–73.
40 Tomita, *Senshō gaku*, 180.
41 Idezuki, 54.
42 Tomita, *Senshō gaku*, 180.
43 For information on Max zur Verth, see Buck-Gramcko, 118–24.
44 Tomita, *Senshō gaku*, 182–87.
45 Kawahara, *Tatakau gishu*, 44.
46 Ibid., 44–48. Whether or not Ōmura's limb was amputated is a point of contention; historical scholarship states that no amputation took place before he died. For example, Donald Keene references Morikawa Tetsurō's *Meiji ansatsu shi* (San'ichi Shobō, 1969), writing that "an amputation could not be performed on a person of Ōmura's rank without the government's position, and the permission was so slow in coming that Ōmura died of his wounds on December 7." Keene, *Emperor of Japan*, 196.
47 Kawahara, *Tatakau gishu*, 48.
48 Idezuki, 86.
49 Kawahara, *Tatakau gishu*, 53–58. For statements by U.S. combat veterans of the Iraq War about the meanings they give to their alive days, see the documentary film *Alive Day Memories*.
50 Kimura, 147.
51 Gotō, "<Zoku> Gun'i nikki, ikō," 159. The first installment of Gotō's correspondence appeared in the January 1939 issue of *Scientific Pen*; Gotō died at the front after submitting his second letter but before it was published.
52 Itō, "Senzen ni sekishu o ushinau made," 185.
53 Ibid., 186.
54 Kawahara, *Tatakau gishu*, 58–58.
55 Itō, "Jo," 6.
56 "Sakurai Tadayoshi shoshō to Miyagi Michio shi," 108.
57 Ono, 273.
58 Kawahara, *Tatakau gishu*, 62.
59 Rikujō Jietai Eisei Gakkō Shūshinkai, 112. For the creation of the North China Army, see Li, 43.
60 Fox, 132. This article is a transcript of a report given on October 13, 1938, at the Annual Meeting of the Association of Military Surgeons convened at the Mayo Clinic in Rochester, MN.
61 Miki was director of the Medical Division of the North China Garrison Army. He was appointed director of Provisional Tokyo Number Three Army Hospital in February 1938 and served as IJA surgeon-general and director of the Army Medical Service Bureau from December 10, 1938, until March 1, 1943. The full identity of Miki is corroborated in a Japanese translation of Fox's article that was published in the *Army Medical Corps Journal* in July 1939. For the translated article, see Idezuki, 33–42.

62 Fox, 133.
63 Ibid., 134–36.
64 Kawahara, *Tatakau gishu*, 62.
65 Fox, 134.
66 Rikujō Jietai Eisei Gakkō Shûshinkai, 118.
67 Konoe, 4.
68 Rikujō Jietai Eisei Gakkō Shûshinkai, 119–20.
69 In the 1930s, nurses underwent three years of first-aid training at Japan Red Cross facilities, immediately followed by a year spent working at a zone-of-the-interior Army hospital. Upon completion of their initial assignment, Japan Red Cross nurses remained on reserve duty for twelve years and had to be ready for deployment when summoned by Japan Red Cross headquarters; Miyazono, 234.
70 "<Shi o toshi isho o nokoshite ōshō shita warera no shimai> Jūgun kangofu zadankai," 192–93.
71 Ibid., 198.
72 Rikujō Jietai Eisei Gakkō Shūshinkai, 121.
73 Kawahara, *Tatakau gishu*, 62.
74 Inoue, *Sensō to kyūsai no bunmeishi*, 173.
75 For the *Takasago Maru*, see ibid. For the *Kobe Maru*, see Mikami, 98.
76 Inoue, *Sensō to kyūsai no bunmeishi*, 174–75.
77 Mikami, 98.
78 Ibid., 99.
79 Hayakawa, 90–91.
80 Ibid., 91. The absence of Japan Red Cross Society personnel aboard IJN ships is corroborated by comments made by Hirooka Michiaki, head of the Nurse Training Section at the Japan Red Cross Society Hospital in Tokyo, on October 31, 1938; "<Shi o toshi isho o nokoshite ōshō shita warera no shimai> Jūgun kangofu zadankai," 186.
81 The figures do not reflect the number of patients but, rather, the number of wounds; thus, if a soldier were shot in the chest and in the leg, two separate woundings were recorded. For the operational history of the ship, injury statistics, and the note regarding the figures, see Sekuzu et. al., 917–24. (×× was redacted from the published article.)
82 Fox, 137.
83 Okada, "Dai Tōa Sensō byōinsen jūgunki," 16.
84 Kawahara, *Tatakau gishu*, 63.
85 Okano, 120.
86 Kawahara, *Tatakau gishu*, 63.
87 "<Shi o toshi isho o nokoshite ōshō shita warera no shimai> Jūgun kangofu zadankai," 193.
88 Kawahara, *Tatakau gishu*, 64–65.
89 Rikujō Jieitai Eisei Gakkō Shūshinkai, 87.
90 For the reconfiguring of Japanese armed forces and policy in the mid-1930s, see Drea, *Japan's Imperial Army*, 181–89.
91 Rikujō Jieitai Eisei Gakkō Shūshinkai, 92–96. The revised order was Imperial Order 510 (Chokurei dai-510-go).
92 Rikugunshō Jōhōkyoku, 4. *Weekly Report* (*Shūhō*) was published by the Cabinet Information Committee (Naikaku Jōhōbu; later elevated to a bureau) from 1936 to 1945 and featured a wide variety of reports issued by government ministries.

93 As of May 1940, the IJN managed seven naval hospitals located in Yokosuka, Kure, Sasebo, Maizuru, Beppu, Minato (Shizuoka Prefecture), and Ureshino (Saga Prefecture). The hospitals at Yokosuka, Kure, and Sasebo could each accommodate 1,000 patients, whereas the others could each house up to 500 patients; Kaigunshō Kaigun Gunji Fukyūbu, 26–27.
94 Motono, 148.
95 Kawahara, *Tatakau gishu*, 66.
96 Ibid., 68–69.
97 Ibid., 70–71.
98 Ibid., 72.

Chapter 3

1 "Rinji Tōkyō Dai-3 Rikugun Byōin gyōkō kiji," 526, 527. The visit was almost cancelled at the last minute: the Imperial Household Ministry fretted that the emperor might catch an infection when a patient at the hospital fell ill with tonsillitis in the days prior to the scheduled visit. But the patient was transferred to Tokyo Number Two Army Hospital during the night of March 11, 1938, the buildings, patients, and staff members were all scrubbed down, and the visit took place as planned; "Rinji Tōkyō Dai-3 Rikugun Byōin gyōkō kiji," 541–42.
2 Ibid., 527–28.
3 Kamata, 114.
4 Rikujō Jietai Eisei Gakkō Shūshinkai, 37–38.
5 For a brief newspaper account of Emperor Hirohito's visit, see "Rikugun byōin ni rinkō," 1.
6 "Rinji Tōkyō Dai-3 Rikugun Byōin gyōkō kiji," 526.
7 Kawahara, *Tatakau gishu*, 77.
8 Ibid., 86.
9 Throughout this chapter, ×× indicates that the number was redacted.
10 Kawahara, *Tatakau gishu*, 86.
11 Ibid., 74. Throughout his memoir Saijō refers to Sagamihara as Sagamigahara; the added syllable *ga*, which may or may not have been voiced in speech of the day, indicates the possessive "of," as in "the plain (*hara*) of Sagami."
12 "Zu 33: Sagamihara-chō gunji kankei shisetsu," in Arakawa, 93.
13 Drea, *Japan's Imperial Army*, 25–26.
14 Sagamihara-shi Shishi Hensan Iinkai, 550–51.
15 Ibid., 555–56.
16 For the dates, see ibid., 568–70. For a brief discussion of the region before the arrival of the Military Academy, see Hamada, 134–35.
17 Sagamihara-shi Shishi Hensan Iinkai, 571.
18 Ibid., 578–81, 587.
19 Hamada, 136–43.
20 "Rinji Tōkyō Dai-3 Rikugun Byōin gyōkō kiji," 537–38.
21 According to an uncredited August 1944 map, there was also a second-tier army hospital known as Provisional Tokyo Number Two Army Hospital (Rinji Tōkyō Dai-2 Rikugun Byōin); however, this hospital rarely appears in existing historical materials; "Naichi rikugun byōin taisei yōzu" (31 August 1944), in Rikujō Jietai Eisei Gakkō Shūshinkai, n.p.
22 For the text of the revised order, see Rikugun Gun'i Gakkō, 211–14.

23 For the history of the hospital, see Tōkyō Dai-1 Rikugun Byōin, 947–48.
24 Rikujō Jietai Eisei Gakkō Shūshinkai, 38. Provisional Ōtsu Army Hospital was relinquished from direct control by the army minister at some point between December 1942 and December 1943 and reclassified as a tier-two army hospital prior to August 8, 1944; see the charts "Fuhyō dai-2: Dai Tōa Sensō kan Shōwa 17-nenmatsu ni okeru rikugun byōin" and "Fuhyō dai-3: Dai Tōa Sensō kan Shōwa 18-nenmatsu ni okeru rikugun byōin" (100–105); "Naichi rikugun byōin taisei yōzu" (n.p.). An additional provisional army hospital was established in Fukuoka during 1944, but details about this hospital are vague (44). See also "Fuhyō dai-4: Dai Tōa Sensō kan Shōwa 19-nenmatsu ni okeru rikugun byōin" (106–8); "Naichi rikugun byōin taisei yōzu" (n.p.).
25 Sagamihara-shi Shishi Hensan Iinkai, 575–76. For the size of the courtyard, see Kawahara, *Tatakagu gishu*, 125.
26 "Rinji Tōkyō Dai-3 Rikugun Byōin gyōkō kiji," 538.
27 Sagamihara-shi Shishi Hensan Iinkai, 576. Aizawa was born in 1866. He kept his journal during 1885–1962 and wrote in it daily except for one week in 1901 and the last week of his life; he died in 1963. From December 1896 to May 1920, Aizawa served first as the deputy mayor and then mayor of the village of Aihara, one of the six villages that merged with two towns in April 1941 to form Sagamihara. Simon Partner has studied Aizawa's early journal, but the portions covering the 1930s and later have not been published, indicating that the Sagamihara city office privately contacted his heirs to consult the diary when compiling its official history; Partner, 4n. 2.
28 Kawahara, *Tatakau gishu*, 83.
29 Ibid., 102.
30 Tsuboi Yoshiko states in her study of the use of artificial limb in Japan that Tokyo Number Three could regularly accommodate 4,000 patients but could house 6,000 patients under extraordinary circumstances; Tsuboi, 155.
31 See the map "Naichi rikugun byōin taisei yōzu" (dated August 31, 1944), reprinted in Kanahara, 459. According to the map, the largest hospital in terms of patient capacity was Kokura Army Hospital (Kokura Rikugun Byōin) (2,950 patients) and the second largest was Tokyo Number Two Army Hospital's Ōkura Provisional Branch Hospital (Tōkyō Dai-2 Rikugun Byōin Ōkura Rinji Bun'in) (2,935 patients).
32 Kawahara, *Tatakau gishu*, 82.
33 "Rinji Tōkyō Dai-3 Rikugun Byōin gyōkō kiji," 528.
34 Ibid. Identical photographs appear in the commemorative album released in conjunction with Emperor Hirohito's visit; see Rinji Tōkyō Dai-3 Rikugun Byōin, *Rinji Tōkyō Dai-3 Rikugun Byōin shashinchō*.
35 Ibid., 528–29.
36 For the injuries and stories of these patients, see Kawahara, *Tatakau gishu*, 102–13.
37 Ibid., 82.
38 Hynes, 9.
39 Kawahara, *Tatakau gishu*, 80, 85–86.
40 Ibid., 94–96.
41 Ibid., 80, 84.
42 Ibid., 83–84, 88.

43 For the use of bicycles in the hospital, the official history of the city of Sagamihara cites comments made by Aizawa in his daily journal in August 1938; Sagamihara-shi Shishi Hensan Iinkai, 576.
44 Kawahara, *Tatakau gishu*, 86–88, 219–42.
45 Ibid., 244–46.
46 For Aizawa's assertion, see Sagamihara-shi Shishi Hensan Iinkai, 576. For Saijo's report, see Kawahara, *Tatakau gishu*, 246.
47 Kawahara, *Tatakagu gishu*, 253.
48 "Rinji Tōkyō Dai-3 Rikugun Byōin gyōkō kiji," 537.
49 Ibid., 531, 534.
50 Frühstück, 17–26.
51 "Kōseishō no setchi," 20–24.
52 For the source of this translation, see Japan Times and Mail, 1–3.
53 After the Second World War, the Greater Japan Sports Association became the Japan Sports Association (Nihon Taiiku Kyōkai), a national organization that co-sponsors the National Sports Festival (Kokumin Taiiku Taikai), the largest national sports meet in Japan, along with the current Ministry of Education, Culture, Sports, Science and Technology (Monbukagakushō) and prefectural governments.
54 "'Senshōhei to supōtsu' ni tsuite Nakamura gun'i shōsa ni kiku," 33. I have been unable to determine Nakamura's given name, which is not provided in the article. The article states that Nakamura was stationed at Tokyo Number One Army Hospital, but recall that earlier in 1938 the hospital had in fact been officially renamed Provisional Tokyo Number One Army Hospital.
55 Kawahara, *Tatakau gishu*, 125–28.
56 Ibid., 129–30.
57 Ibid., 130–31, 152–53.
58 Ibid., 131–32.
59 "Yakyū ni senjō no iki," 7.
60 Kawahara, *Tatakau gishu*, 132–33.
61 *The Camera* was its own rendering of the name of the journal into English. For an extended discussion of these ceremonies, see Ruoff.
62 The articles in *Kamera* identify the hospital as Tokyo Number One Army Hospital, but it was in fact Provisional Tokyo Number One Army Hospital; the designation of the hospital had been officially changed in early 1938; Kureki, n.p.; Ishizu, 590–93.
63 Kawahara, *Tatakau gishu*, 153–55.
64 Ibid., 139.
65 Ibid., 133–35.
66 For the rooms and their purposes, see "Rinji Tōkyō Dai-3 Rikugun Byōin gyōkō kiji," 534; Kawahara, *Tatakau gishu*, 123.
67 Kawahara, *Tatakau gishu*, 124.
68 Keene, *Emperor of Japan*, 502.
69 For the letter, see Tsuboi, 96.
70 Ibid., 97–98.
71 For information about the creation of the Nogi Artificial Arm, see Ōuchi.
72 Tsuboi, 99.
73 "Gigan gishi oyobi hōtai go-kashi no ken" (6 October 1931), 343. This is a reprint of the thirty-sixth edition of an Army Ministry internal-use document that

compiled active army orders; the first edition appeared in 1889. This work grew in size over time as its contents were expanded, revised, and supplemented; in each subsequent edition, more recent versions of the orders were substituted for their previous versions. An Army Order for the Manchurian Incident specifically applied to IJA actions in Manchuria.

74 Eisei Shi Hensan Iin, 1407–9.
75 Gōda, 683.
76 Ibid., 688.
77 Rikugun Gun'i Gakkō, 159–60.
78 Gōda, 683.
79 Ibid., 688. For a characterization of the workshop, see Rikugun Gun'i Gakkō, 183.
80 Rikugun Gun'i Gakkō, 183, 186.
81 Ibid., 199.
82 Gōda, 676. Gōda noted in his April 1934 speech that the IJA medical supply depots had built roughly 1,000 artificial limbs since the start of the Manchurian Incident, approximately half of which were artificial limbs that had been distributed as imperial gifts. In February or March 1940, Saijō visited a medical supply depot to receive an artificial arm; see Kawahara, *Tatakau gishu*, 137.
83 Takechi, 162.
84 Kashiwagi et. al., 783.
85 "Gigan gishi oyobi hōtai go-kashi no ken" (7 August 1937), 345.
86 Kashiwagi et. al., 784.
87 Sauerbruch was a prominent German surgeon who in 1915 created his eponymous artificial arm while serving as a German Army doctor. For a detailed discussion of the Sauerbruch artificial arm, see Karpa, *Die Geschichte der Armprothese*.
88 Kashiwagi et. al., 781–84.
89 According to a 1918 study, the Riedinger Arm, created by J. Riedinger, a German surgeon, "consists of a long leather upper arm and short metal lower arm, with a tube into which attachments can be screwed. It is fastened on by a complicated harness over the shoulder and is particularly good for heavy lifting." McMurtrie, 147.
90 Kashiwagi et. al., 784–90.
91 Kawahara, *Tatakau gishu*, 137.
92 Kashiwagi et. al., 791. Instructing amputees in and studying the use of artificial legs, they noted, primarily took place at Tokyo Number One rather than Tokyo Number Three.
93 Kawahara, *Tatakau gishu*, 138.
94 Ibid., 138–39.
95 Kashiwagi et. al., 791.
96 Kawahara, *Tatakau gishu*, 140.
97 Ibid., 141–44.
98 Kashiwagi et. al., 791.
99 Kawahara, *Tatakau gishu*, 144–45.
100 Kashiwagi et. al., 792, 801–2.
101 Kashiwagi, 1532–33. This article reprints the text of Kashiwagi's presentation of March 9, 1940.
102 Ibid., 1533. The same example appears in Saijō's memoir, suggesting that it was a stock story bandied about the hospital when discussing vocational preparation

education. After all, Kashiwagi told the story at Tokyo Number Three in March 1940 while Saijō was a patient there. Or perhaps Kawahara read Kashiwagi's article and chose to incorporate the story into Saijō's memoir; the Kawahara version is almost identical to the Kashiwagi version, which appeared in print earlier than Saijō's memoir. See Kawahara, *Tatakau gishu*, 172–73.

103 Kashiwagi, 1534.

104 Kawahara, *Tatakau gishu*, 164–67.

105 Ibid., 168–71.

106 Ibid., 145–48. Tanaka's visit is key evidence establishing when Saijō's was at Tokyo Number Three. Saijō's memoir states that Tanaka lived at the hospital in 1938 (148), two years prior to his demonstration given at the hospital "at the start of August" (145). This detail dates Saijō's time spent at the hospital to 1940–1941.

107 Ibid., 149–50.

108 Ibid., 178–83.

109 "Shōbyō shōshi kara shichō e kudamono," 23. In early July 1939, Tokyo Number Three patients gave melons and watermelons to Tanomogi Keikichi, the mayor of Tokyo, as an act of gratitude for the help by the city in arranging the donation of a greenhouse to the hospital. *City Administrative Weekly Report* (*Shisei shūhō*) was the official publicity gazette published by the Tokyo city government from April 1939 until late June 1943, when it was renamed *Capital District Administrative Weekly Report* (*Tosei shūhō*), which remained in publication until early December 1944. The Tokyo Capital District (Tōkyō-to) was created via the July 1943 merger of Tokyo Prefecture (Tōkyō-fu) and the city of Tokyo (Tōkyō-shi).

110 Kawahara, *Tatakau gishu*, 183–86.

111 Ibid., 191–202.

112 Ibid., 205.

113 Ibid., 212–13.

114 "Dai-3 Rikugun Byōin o imon," 26.

115 Kawahara, *Tatakau gishu*, 213.

116 Ibid., 214–15 (italics added).

117 Tōkyō-to, 153, 155.

118 "Honshi shusai yūshi shinai yūran," 22; "Shōbyō shōshi no shinai yūran," 27. The first article states that one hundred patients went from Tokyo Number Three per month to see the sights in Tokyo, and the second states that the city planned to bring two hundred patients into the city each month from June 1940 through March 1941. It is unclear whether tours took place between August 1939 and May 1940. Saijō's memoir corroborates that such tours took place; Kawahara, *Tatakau gishu*, 213.

119 "Byakue no yūshi to izoku shōtai kangeki kai," 37; "Shōbyō shōhei iankai," 30; "Byakue yūshi 2,000-mei o Kabukiza ni shōtai iansu," 46.

120 Kawahara, *Tatakau gishu*, 89–90.

121 Ibid., 208–10; for "envious eyes" and the quotation, see p. 210.

122 Ibid., 78. See also "Kan'in sōchō-no-miya-sama, Dai-3 Rikugun Byōin e," 1.

123 Saijō's memoir does not specify the date of the visit. For a brief mention of the June 1887 founding of the Ladies' Volunteer Nursing Association, see Checkland, 35.

124 Sagamihara-shi Shishi Hensai Iinkai, 577. The stone is also discussed in Kawahara, *Takakau gishu*, 79–80.

125 For the first visit of the empress, see "Kōgō heika Dai-3 Rikugun Byōin gyōkei; Shōi yūshi, kōei ni kyōku," 1. The next day, Empress Kōjun visited Yokosuka Naval Hospital. For her June 1941 visit to Tokyo Number Three, see "Kōgō heika Dai-3 Rikugun Byōin gyōkei; Kashikoshi shōbyō shōshi ni gokokoro," 2.
126 Aikoku Fujinkai, *Aikoku Fujinkai 40-nen shi*, vol. 2: 613, 804.
127 Dai Nihon Kokubō Fujinkai, 493.
128 For the founding principles of the Greater Japan National Defense Women's Association, see ibid., 80. For the phrase used by the Patriotic Women's Association, see Aikoku Fujinkai, *Aikoku Fujinkai 40-shūnen kinen shashinchō*, 38.
129 Kawahara, *Tatakau gishu*, 211–12.
130 Ibid., 215, 97–98.
131 Ibid., 258–59, 262–63.

Chapter 4

1 Portions of Honjō's diary that he kept while serving as aide-de-camp have been translated into English; see Hane.
2 Satō, 67. The date of the interview, which took place at Honjō's home, is unspecified.
3 Ibid., 70.
4 Drea, "The Japanese Army on the Eve of the War," 115; Drea, *Japan's Imperial Army*, 197.
5 Nihon Shōi Gunjinkai, *Nitchū Sensō*, 33. These numbers are based on figures found in *Official Military History* (*Senshi sōsho*), the detailed history of IJA and IJN operations compiled by the Military History Department of the Japan Defense Agency Defense College (Bōeichō Bōei Kenshūjō Senshibu).
6 "Kokumin Seishin Sōdōin Chihō Jikkō Iinkai no gaikyō," 13.
7 Cohen, *Japan's Economy in War and Reconstruction*, 10.
8 See the chart "Military Budget and Total Expenditures, 1931–40" in ibid., 5; Nakamura, "Depression, Recovery, and War, 1920–1945," 481.
9 For the initial and final military assistance budgets of the Home Ministry for fiscal year 1937, see Kōseishō Rinji Gunji Engobu, "Gunji engo no ichinen," 3.
10 See the five-part article series, "Gunji fujo jigyō ni taisuru kifukin."
11 For the amount of assistance, see Kōseishō Rinji Gunji Engobu, "Gunji engo no ichinen," 4–5.
12 A cease-fire in China-Japan military hostilities, albeit a temporary one, went into effect on May 31, 1933, and lasted until the July 1937 Marco Polo Bridge Incident. The Tanggu Truce paused the IJA advance into China by keeping Japanese forces north of the Great Wall and outside a mutually determined demilitarized zone. The March 1934 shift to peacetime levels of assistance was probably linked to this lull in combat.
13 The government plan, "An Agreement Regarding the Regulation of Military Assistance Operations" (Gunji fujo jigyō tōsei ni kansuru kyōtei) (February 20, 1934), is reprinted in Aikoku Fujinkai, *Aikoku Fujinkai 40-nen shi*, vol. 1: 621–26. For brief details about the Gisaikai, see "Honshi kankei no gunji fujo dantai no kōgai," 38. The other six institutional members of the Central Committee were the Aikoku Juppeikai, the Dai Nihon Kokubō Fujinkai, the Hōkōkai, the Keiseisha, the Saiseikai, and the Teikoku Zaikyō Gunjinkai.
14 "Gunji Fujo Chūō Iinkai no kaitō," 23.

15 Aikoku Fujinkai, *Aikoku Fujinkai 40-nen shi*, vol. 1: 772–75.
16 Shakaikyoku, "Jūgo no kōen," 39.
17 Quotation from Article I of Imperial Order 624 (Chokurei dai-624-go) that established the Provisional Military Support Division, reprinted in "Rinji Gunji Engobu no setchi ni tsuite," 25.
18 Ibid., 25–26.
19 Yamazaki, "Gunji engo jigyō no sho-hōmen," 40–45. An English translation and expanded version of Yamazaki's article that also discusses the developments that occurred between November 1937 and February 1938 is Yamazaki, "Relief Measures for Soldiers' Families."
20 Kasza, *One World of Welfare*, 37; Ikeda, *Nihon shakai fukushi shi*, 735–36.
21 "Chōhei kensa yori mitaru sōtei taikaku no genjō," 169. The English-language name for this group comes from its own journal.
22 Kasza, *One World of Welfare*, 37. Kido served as education minister from October 22, 1937, until May 26, 1938; thus, he concurrently held the post of welfare minister for four months. He ran the Welfare Ministry until January 5, 1939, at which point, he became home minister.
23 Kōseishō, "Kōseishō no shinsetsu," 6–9.
24 "Kōseishō no setchi," 20.
25 Kasza, *One World of Welfare*, 36. I have rendered in italics Kasza's Japanese terminology.
26 For wartime differences between social work and social welfare, see Kikuchi et. al., 146–49.
27 For an examination of IJA motives and behaviors during the Rape of Nanking, see Yang.
28 "Gunji Hogoin no gaiyō," 215.
29 "Shōi gunjin no ryōyōsho taisaku kyōgi; 12-mei no tokubetsu iin o age shingi," 62. See also "Shōi gunjin hogo taisaku senmon jikō chōsa kaidō," 17.
30 "Shōi gunjin no ryōyōsho taisaku kyōgi; 12-mei no tokubetsu iin o age shingi," 62.
31 For the text of the order, "Bylaws of the Advisory Council on Protective Measures for Disabled Veterans" (Shōi Gunjin Hogo Taisaku Shingikai kansei), see "Shōi Gunjin Hogo Taisaku Shingikai kansei o saika shi koko ni kore o kōfu seshimu," 322.
32 For a discussion of Yoshida, see Brown; for "new revisionist" bureaucrats, see Mimura.
33 For the members of the Advisory Council, see Shōi Gunjin Hogo Taisaku Shingikai, 208–11.
34 "Shōi gunjin hogo no tame torubeki hōsaku ni kansuru ken," 201–7.
35 Ibid., 203.
36 Ibid., 203–4.
37 Ibid., 204–5. On April 1, 1938, the Diet revised the Military Conscript Occupational Security Law. Previously, the law mandated that businesses employing fifty or more workers had to rehire conscripted servicemen at their prior positions and pay levels as long as they were physically able to do the same work; now, the law applied to businesses employing thirty or more workers.
38 "Shōi gunjin hogo no tame torubeki hōsaku ni kansuru ken," 201–7. The inaugural January 1937 issue of the association's newsletter printed the bylaws of the group; Article II stated that "This association receives its direction and guidance

from the Home Minister, Army Minister, and the Navy Minister." See "Dai Nihon Shōi Gunjinkai kaisoku," 3. For details about the founding of the association, see "Shōi gunjin no daidanketsu Dai Nihon Shōi Gunjinkai ikiru," 15.

39 For Imperial Order 258 (Chokurei dai-258-go), which established the Shōhei Hogoin, see Kōseishō 50-Nenshi Henshū Iinkai, vol. 2: 237.

40 "Shōhei Hogoin kansei," 1–2.

41 Shimizu, " 'Kido Kōichi nikki' ni miru Kōseishō no sōsetsu jōkyō to senji taiseika no eisei gyōsei," 94.

42 "Shōi gunjin hogo no tame torubeki hōsaku ni kansuru ken," 202.

43 Kikuchi et al., 146.

44 Kōseishō Rinji Gunji Engobu, "Rinji Gunji Engobu no jimu," 30–31.

45 Shōhei Hogoin, "Shōhei Hogoin no setchi ni tsuite," 26.

46 For the phrase, see "<Shōhei no rakuen> Chiba Ryōyōsho kaisho," 14.

47 Shōhei Hogoin, "Shōi gunjin no kakushu hogo shisetsu shinchoku jōkyō," 74–75. The eighteen sites were for the prefectures of Hokkaidō, Hyōgo, Niigata, Chiba, Aichi, Shizuoka, Nagano, Miyagi, Ishikawa, Okayama, Hiroshima, Ehime, Fukuoka, and Kagoshima; the cities of Tokyo, Kyoto, and Osaka; and one sanatorium shared among Aomori, Akita, and Iwate prefectures.

48 For the total budget for fiscal year 1938, see Shōhei Hogoin, "Shōhei Hogoin no setchi ni tsuite," 25; for how funds were distributed, see "Gunji Hogoin no gaiyō," 216–17.

49 Shōhei Hogoin, "Shōi gunjin kansha yūgū ni kansuru hyōgo," 47.

50 "Meiyo aru gunjin shōi kishō," 16; this article is the transcript of the radio broadcast.

51 Ibid., 202–3. For the March 1931 revisions to the Servicemen's Injury Badge Order, see "Chin gunjin shōi kishō rei no naka kaisei no ken o saika shi koko ni kore o kōfu seshimu," 363.

52 "Meiyo aru gunjin shōi kishō," 15–16.

53 Ibid. For the revised Servicemen's Injury Badge Order of August 1938, see "Shōi gunjin kishō rei," 187–91.

54 "Meiyo aru gunjin shōi kishō," 15.

55 In 1941, Home Front Support Strengthening Week was renamed Home Front Service Strengthening Movement (Jūgo Hōkō Kyōka Undō); it was renamed again the following year, becoming the Servicemen's Support Strengthening Movement (Gunjin Engo Kyōka Undō).

56 "Gunjin engo ni kansuru chokugo," 6.

57 Kōseishō Rinji Gunji Engobu and Shōhei Hogoin, "Chōkisen ni taiō suru Jūgo Kōen Kyōka Shūkan," 17. For an extended discussion of state-led spiritual mobilization campaigns, see Havens, chaps. 2–3.

58 Kokumin Seishin Sōdōin Chūō Renmei, *Kokumin Seishin Sōdōin Undō sōsetsu*, 2.

59 The four other target areas of the league were social trends; the affairs of agricultural, mountain, and fishing villages; household practices; and community networks; ibid., 4–5.

60 Noguchi, 32–35.

61 Koseishō Rinji Gunji Engobu and Shōhei Hogoin, "Jūgo Kōen Kyōka Shūkan ni okeru kōenkai kaisai jōkyō," 47–49.

62 Kokumin Seishin Sōdōin Chūō Renmei, <Shōwa 13-nendo> Kokumin Seishin Sōdōin Chūō Renmei jigyō gaiyō, 210–11.

63 Kōseishō Rinji Gunji Engobu and Shōhei Hogoin, "Chōkisen ni taiō suru Jūgo Kōen Kyōka Shūkan," 17.

64 Kiuchi, 37.
65 Yamaoka, 26.
66 "<Onshi Zaidan> Gunjin Engokai setsuritsu no ken," 391.
67 Aoki, 132.
68 The six founding sponsors of *Great Duty* were the Teikoku Gunjin Kōenkai, the Hōkōkai, the Aikoku Juppeikai, the Gisaikai, the Aikoku Fujinkai, and the Dai Nihon Kokubō Fujinkai. When *Great Duty* first appeared in March 1934, it replaced the existing journals and monthly reports of these six groups; for example, *Support* (the magazine of the Teikoku Gunjin Kōenkai) ceased publication. *Great Duty* had a women's monthly counterpart titled *Japan Woman* (*Nihon fujin*) that began publication at the same time with the shared mission of reporting on military support affairs. In January 1938 *Japan Woman* became the monthly magazine of the Dai Nihon Kokubō Fujinkai. For details about the publication of *Great Duty*, see "Kantōgen: Hakkan ni saishite," 1.
69 Kido, 4–5.
70 Kōseishō 50-Nenshi Henshū Iinkai, vol. 1: 488.
71 Tomita, "<Onshi Zaidan> Gunjin Engokai jigyō no gaiyō," 11. For a list of the initial board of directors and staff of the Gunjin Engokai, see "<Onshi Zaidan> Gunjin Engokai," 8–9.
72 Teikoku Gunjin Kōenkai, 192.
73 Tomita, "<Onshi Zaidan> Gunjin Engokai jigyō no gaiyō," 11–14.
74 Kakudō, 14. For an extended discussion of these service associations and for the ministerial order that created them, see Uedaira, 186–203.
75 Hastings, 82.
76 For the origins of community councils and neighborhood associations prior to their absorption into the Imperial Rule Assistance Association in late 1940, see ibid., 69–85; Havens, 39–43.
77 "Shinbunshi hō dai-27-jō ni motozuku gunji ni kansuru kiji keisai seigen," 1. The formal title of this instruction is Army Order 24 (Rikugunshō rei dai-24-gō). For the larger context of wartime press policies, see Kasza, *The State and the Mass Media in Japan*.
78 "Rikugunshō rei dai-24-gō ni yoru shinbun kiji torishimari ni kansuru ken" (12 October 1937), 39; "Rikugunshō rei dai-24-gō ni yoru shinbun kiji torishimari ni kansuru ken" (14 October 1937), 39–40.
79 Nihon Shōi Gunjinkai, *Nitchū Sensō*, 44, 51.
80 For Imperial Order 479 (Chokurei dai-479-go), which remade the Shōhei Hogoin into the Gunji Hogoin, see Kōseishō 50-Nenshi Henshū Iinkai, vol. 2: 237–38.
81 Gunji Hogoin, "Gunji Hogoin no setchi ni tsuite," 24.
82 "Gunji Hogoin no tanjō," 15–16; this article is the transcript of the radio broadcast. The phrase "close and inseparable" also appears in ibid., 24.
83 Kodama, 7.
84 Gunji Hogoin, "Gunji Hogoin no setchi ni tsuite," 25.
85 "Gunji Hogoin ryōyōsho sono hoka no shisetsu ichiran," 24–26.
86 Yano, 66.
87 A-kisha, 216–20. Four former Shōheiin residents, including Ohara, stayed on at the Hakone Sanatorium; ibid., 67.
88 Honjō, 24.
89 Kodama, 2.

Chapter 5

1 "Danro o kakomu"; the title of the photograph appears in the colophon found on the unnumbered last page of the magazine. A variation of the phrase "flowers of our country" was used as the title of the Greater Japan Disabled Veterans Association monthly newsletter.

2 I focus here on representations of wounded servicemen produced prior to November 1944; mass civilian casualties began appearing in Japan soon afterward. Overwhelming military fatalities generally characterized Japanese field operations beginning with the annihilation of IJA troops by U.S. Marines on the Aleutian island of Attu in May 1943. With regard to civilians, the Doolittle Air Raid of April 18, 1942, marked the first successful aerial attack on the home islands of Japan, but its human costs were minor. Allied air raids began in earnest in November 1944 and changed the nature of the war for Japan by thrusting civilians into the national community of war sufferers. Ian Jared Miller and Haruko Taya Cook argue that the killing of animals at Tokyo's Ueno Zoo by its staff in summer 1943 and the deaths of civilian settlers on Saipan in summer 1944 had already telegraphed the message to the home front that physical suffering was on the horizon; Miller, 120–62; Cook, "Women's Deaths."

3 "Imperial Precepts to Soldiers and Sailors," 198–99.

4 For an extended discussion of the experiences of new conscripts, see Drea, "Trained in the Hardest School."

5 Quoted in Tsurumi, 128.

6 Ibid., 117–18.

7 Sakata, 54.

8 Kawano, 337.

9 "Rikugun taishi Tōjō kakka no danwa," 3–4.

10 See Friday for a thoughtful perspective on bushido and World War Two.

11 See Young, chap. 3, for a nuanced, well-illustrated discussion of how the Manchurian Incident influenced Japanese mass culture.

12 George H. Roeder states, "During America's first year in the war only a few published photographs had acknowledged the costs of American involvement, such as one of a Marine in agony from wounds suffered at Guadalcanal" (10).

13 For a discussion of Abbott Laboratories and examples of its commissioned art, see Lanker and Newnham, 139–58.

14 Quoted in ibid., 155–56.

15 The first photograph of U.S. corpses, George Strock's picture of dead soldiers lying in the surf following the landing at Buna Beach, New Guinea, appeared in *Life* magazine in September 1943. Although unsettling, the image could not be considered "graphic." In May 1945, *Life* published Robert Capa's photographs from Leipzig of a dead soldier lying in a pool of his own blood, and readers of the June 11, 1945, issue of *Life* encountered the painting *The Price*, by Tom Lea, a combat artist, which depicted a wounded marine with a horrifically lacerated face and left arm.

16 This is a main argument in Kawano, "*Gyokusai*" *no guntai*, "*seikan*" *no guntai*.

17 Adam, 165.

18 Elaine Scarry states, "Visible or invisible, omitted, included, altered in its inclusion, described, or redescribed, injury is war's product and its cost, it is the goal toward which all activity is directed and the road to the goal . . ."(18).

19 The canvases of Otto Dix and George Grosz provide notable examples of artist-intellectuals using war injury and disabled veterans as means for criticizing war and the Kaiserreich.
20 For the wrangling of disabled veterans of the First World War by Nazi Germany, see Diehl.
21 For a big-picture perspective on depictions of war in modern Japan, see Tan'o and Kawata.
22 "Futari-ittai no mōmoku denrei," in *<Seisen bidan> Kōa no hikari*, n.p.
23 Ibid. This incident—possibly fabricated—mirrors a tale from the Battle of Marathon that took place during the Persian Wars of ancient Greece. After that battle, legend has it that Pheidippides, an Athenian soldier, ran from Marathon to Athens to report the defeat of the Persians then dropped dead upon delivering his message. A similar event allegedly took place during the Russo-Japanese War. During the late Meiji Period, Nogi Maresuke added calligraphy and a title to Ōchi Shōkan's painting of an officer carrying a subordinate on his back in the same manner; the painting, titled "United Efforts," is housed at Tokyo's Nogi Shrine and is reprinted in Meiji Jingu and Nogi Jinja, 28. A story and image strikingly similar to the one found in *The Light of Building Asia* appeared in *Girls' Club* magazine in November 1937; Yanagawa, "Hisō!! Kesshi no futari-sankyaku," n.p.
24 Hino Ashihei was the pen name of Sergeant Tamai Katsunori; when spoken aloud, it sounds like "foot soldier of the sun." *Barley and Soldiers* debuted in the August 1938 issue of the general-interest magazine *Reconstruction* (*Kaizō*) and then appeared as a book the following month.
25 Hino, 100.
26 Ibid., 109.
27 Ibid., 136.
28 Itagaki, 147.
29 Ibid., 152.
30 Hibino, 40.
31 Ibid., 41–43.
32 Gotō, "<Zoku> Gun'i nikki, ikō," 160.
33 Ibid., 163.
34 Takatsuki, 62–65.
35 For three such anthologies, see Nakagawa; Sasaki and Itō; and Yuri.
36 Donald Keene writes, "Beyond the preference for simplicity and the natural quality of things lies what is perhaps the most distinctively Japanese aesthetic ideal, perishability." *Landscapes and Portraits*, 23.
37 Mizuhara, 46.
38 Hynes, 20.
39 I am indebted to the scholarship of Rosemarie Garland-Thomson, who examines the visual culture of disability and has written extensively on the spectacle of disability. My interpretation of images of wounded servicemen builds on a rhetorical framework established in Garland-Thomson, "The Politics of Staring," which is expanded on in Garland-Thomson, *Staring*.
40 For the characterization, see Aikoku Fujinkai, *Aikoku Fujinkai 40-shūnen shi kinen shashinchō*, 38.
41 Garland-Thomson, *Extraordinary Bodies*, 8.
42 *Realism* as used here derived from the realm of documentary photography that took hold in late-nineteenth-century United States and is associated with the

work of Jacob Riis, who used photography as a means for exposing the conditions of slum life in New York City. A similar mode of visual representation emerged in Japan during the 1920s and 1930s. Horino Masao and Kanamaru Shigeno pushed the boundaries of photography beyond those of art photography (*geijutsu shashin*) into the realm of news photography (*hōdō shashin*). Documentary-style photographs can be found in the work of Meiji and Taishō photographers, but capturing the images of the realities of daily life as a means of drawing attention to social problems was a project of a later generation of photographers.

43 See Yamanouchi for an examination of how the enforced homogeneity of total war mobilization transformed Japan from a class society to a "system society," in which civil associations rather than the family or the state fulfilled the dominant integrative role in society.

44 "Ima ha tanoshii yūshi no ie," 4.

45 The pamphlet stated, "Total mobilization is the means by which the army and the people unite in a single body to carry on armed warfare." "On the Basic Meaning of National Defense and Its Intensification," 993.

46 Ibid., 994.

47 "<Shokuba no yūshi> Renzu setsudankō Katō Kōichi-kun," 148.

48 "<Sangyō senshi no kachinuku michi> Seisan zōka zadankai," 69.

49 Dai Nihon Gunjin Engokai, 24–28, 116–20.

50 See Yamaguchi.

51 The transcript of the roundtable discussion appeared in three installments; for the quotation by Kitazawa, see "Shimin taiiku o kataru zadankai (3)," 24–25.

52 Jinkōkyoku, 396–97.

53 See the Edogawa entries in the bibliography for different versions of this short story.

54 See Gerber, "Blind and Enlightened."

55 Taniai, 14.

56 For a discussion of this guild, see Groemer. The Blind were also closely associated with the professions of masseur and acupuncturist. A Meiji-era photograph of a blind masseur, attributed to photographer Felice Beato, appears in Winkel, 25.

57 Blind female mediums represent a modern-day manifestation of the belief that the Blind possess weird powers. Marilyn Ivy discusses the role played by Japanese blind mediums at sacred mountains in the practice of calling down the spirits of the dead to commune with the living; Ivy, 141–91.

58 Survey cited in Chiba, 171–72. The survey presumably was limited to Japan proper and included both male and female members of the Blind community.

Chapter 6

1 "Missionary Aids Ex-Serviceman," 3.

2 Ibid.

3 R. E. Riordan, "Memorandum for Record: Brief of the Physically Handicapped Persons" (12 March 1948); File 11, Physically Handicapped Program, Records of the Supreme Commander for the Allied Powers (SCAP) Public Health and Welfare Section (PHWS), 1945–1952; Records of General Headquarters, Supreme Commander of the Allied Powers (SCAP), 1945–1952; Records of Allied Operational

and Occupation Headquarters, World War II, Record Group (RG) 331; U.S. National Archives (USNA). Major Riordan served as chief of the Liaison and Operations Branch of GHQ PHWS.

4 *Hibakusha* (atomic-bombing survivors) received government assistance as war sufferers during the Occupation, but the Japanese government did not—and in fact could not—recognize their particular health-care needs as atomic-bombing survivors for many years (SCAP prohibited public discussion of the atomic bombings). The Atomic Bombing Survivors Medical Care Law (Genshi bakudan hibakusha no iryō nado ni kansuru hōritsu), enacted in June 1957, was the first national Japanese legislation to address the physical—as opposed to the financial—suffering of *hibakusha*. Today, the Japanese state treats *hibakusha* as a distinct category of war sufferers.

5 "Basic Initial Post-Surrender Directive to Supreme Commander for the Allied Powers for the Occupation and Control of Japan" (1 November 1945) in "Appendix A.13: Basic Directive for Post-Surrender Military Government in Japan Proper, Joint Chiefs of Staff Directive, 1380/15, November 3, 1945," reprinted in GHQ, SCAP, Government Section, vol. 1: 428–39.

6 Takemae, 403.

7 Wilson, 80.

8 The Army and Navy ministries were initially diminished to the temporary First and Second Demobilization ministries.

9 See "Appendix B:5a: Abolition of Certain Political Parties, Associations, Societies, and Other Organizations, SCAPIN 548, January 4, 1946" and "Appendix B:5b: Removal and Exclusion of Undesirable Personnel from Public Office, SCAPIN 550, January 4, 1946," in GHQ, SCAP, Government Section, vol. 1: 479–88.

10 Harry G. Johnson, "Memorandum for Record: Release of Former Army and Navy Personnel Now Serving in National Medical Institutions" (30 March 1948); File 4, Box 9441, PHWS, SCAP, RG 331, USNA.

11 Article 8 of SCAPIN 550 of January 4, 1946, stated, "Removal [of undesirable personnel] may be postponed in the case of individuals who are absolutely required to insure demobilization of the Japanese armed forces in the outlying theatres or to carry out the provisions of this directive." See "Appendix B.5b: Removal and Exclusion of Undesirable Personnel from Public Office, SCAPIN 550, January 4, 1946," in GHQ, SCAP, Government Section, vol. 1: 482. In March 1948, PHWS reconsidered this qualification of need and determined that 410 ex-career military "professional personnel . . . considered necessary for the successful operation of hospitals" (including 330 physicians), or 13% of all such personnel nationwide (3,296 people, including 2,126 physicians), remained active in their professions. PHWS calculated that approximately 764,970 Japanese nationals awaited repatriation, and based on past experience, 10.71% would require medical treatment but not more than 4% would require hospitalization. PHWS determined that removing these remaining 410 ex-military technical personnel would not adversely affect demobilization and decided to withdraw standing requests to the Government Section that these individuals be kept in their positions. See ibid.

12 See Sections II.8c, II.15b, IV.5, and V.4 of "Appendix B.1b: Directive No. 2, Supreme Commander for the Allied Powers, September 3, 1945," in GHQ, SCAP,

Government Section, vol. 1: 445–52. SCAPIN 169 ("Use of Japanese Hospitals by Allied Forces") of October 21, 1945, states, "It is the policy of [GHQ] to take only the minimum facilities actually required to meet the needs of the Allied Forces and to return these facilities for civilian use as soon as they are no longer required." For a copy of SCAPIN 169, see H. W. Allen, "Memorandum for Imperial Japanese Government: Use of Japanese Hospitals by Allied Forces" (21 October 1945); File 4, Box 9441, PHWS, SCAP, RG 331, USNA. Col. Allen was an assistant adjunct general at SCAP GHQ.

13 Central Liaison Office, "C.L.O. No. 19: Turnover of Army and Navy Hospitals to the Ministry of Home Affairs" (16 November 1945); Folder 1, File 10, Box 9347, PHWS, SCAP, RG 331, USNA.

14 Joseph U. Weaver, "Japanese Army and Navy Hospitals" (12 November 1945); Folder 1, File 10, Box 9347, PHWS, SCAP, RG 331, USNA. Col. Weaver of the Medical Corps served as a deputy chief in GHQ PHWS.

15 The U.S. Eighth Army maintained a number of former army and navy hospitals to be used as medical care facilities for U.S. troops and Occupation personnel. Number One Army Hospital (Dai-1 Rikugun Byōin) in Tokyo remained under Eighth Army control, as did at least eleven other ex-military hospitals and six private hospitals. See Edmund L. Faust, "Memorandum for the Record: Conference with Gen. Rice, Surgeon, 8th Army; Inspection of 1st Army (Japanese) Hospital" (26 September 1945); Folder 1, File 10, Box 9347, PHWS, SCAP, RG 331, USNA; Headquarters Eighth Army, "Appendix I: Japanese Hospitals required for Occupation Forces" (30 November 1945); File 4, Box 9441, PHWS, SCAP, RG 331, USNA. Lt. Col. Faust of the Medical Corps served in the Hospital Administration Division of GHQ PHWS.

16 Kōseishō Imukyoku, 5–11. The five hospitals requisitioned by the U.S. military were the naval hospitals at Yokosuka, Kure, and Sasebo and the army hospitals in Ōtsu and Sagamihara.

17 "Fuhyō 4: Naichi, Karafuto, Chōsen, Taiwan rikugun byōinzu, shūyōryoku, nyūin kanjazu chō," in Kanahara, 458–59.

18 Gotō and Morita, 15. My thanks go to Akiyama Kazuo, president of Sagamihara National Hospital (now part of Japan's National Hospital Organization), who shared this source with me when I visited the hospital in May 2012. Curiously, the second director of internal medicine at Sagamihara National Hospital was a physician named Gotō Toshio; he shared the same name as a military doctor who during wartime served as a correspondent for *Scientific Pen* magazine. That officer, however, died at the China Front, and the thirty-year history of the hospital clarifies that the hospital administrator named Gotō was a civilian rather than an ex-military doctor.

19 Harry G. Johnson, "Memorandum for Record: Summation of Hospital Activities for the First Year of the Occupation of Japan" (26 July 1946); Folder 4, Box 9441, PHWS, SCAP, RG 331, USNA.

20 George K. Wyman, "Memorandum for the Record: Reorganization of Veterans Bureau and Hospital Administration" (27 November 1945); Folder 1, File 10, Box 9347, PHWS, SCAP, RG 331, USNA. Maj. Wyman served in the Welfare Sub-Section of GHQ PHWS.

21 General Headquarters, SCAP, "Memorandum for Imperial Japanese Government: Apprehension of War Criminals" (17 November 1945), reprinted

in Division of Special Records, Foreign Office, Japanese Government, vol. 2: 246–47.

22 Honjō's suicide was reported in the *Yomiuri-Hōchi shinbun* newspaper on November 21, 1945. A laudatory account of the life and death of Honjō is found in Masumoto. The Guidance Association had a virtual who's who of directors. Sitting Prime Minister Higashikuni Naruhiko served as its director and former Prime Minister Konoe Fumimaro served as its chairman. The association established itself as a relief organization for demobilized servicemen, but the group suffered debilitating blows from Honjō's suicide on November 20 and Konoe's suicide on December 16. The abolition of the Army Ministry doubtlessly accelerated the dissolution of the Guidance Association. Nukada, 207–10.

23 Quoted in Hane, 42.

24 Hamano, 52.

25 See "SCAPIN 273: Relief Board for Veterans" (13 November 1945), in General Headquarters, SCAP, *SCAP Directives*, n.p.

26 "SCAPIN 338: Pensions and Benefits" (24 November 1945), in General Headquarters, SCAP, *SCAP Directives*, n.p.

27 "Pensions for Ex-Servicemen and Their Families" (trans. M. Ohno) *Yomiuri shinbun* (14 March 1946); File 1, Box 3470, PHWS, SCAP, RG 331, USNA.

28 "On War Responsibility" (trans. K. Gunji), *Tokushima shinbun* (27 November 1945), in GHQ, SCAP, Allied Translator and Interpreter Section, n.p.

29 Dower, *Embracing Defeat*, 48.

30 "From Sherry Moran in Tokyo to Don Keene in Guam" (26 September 1945), in Cary, 54.

31 For a copy of the petition, which was written in English, see "'Bombed-Out People's Association', Shizuoka" (5 November 1945); File 15, Box 3470, PHWS, SCAP, RG 331, USNA.

32 "All Japan War Sufferers Union" (trans. C. Gilbert) *Tōkyō shinbun* (5 November 1945), in GHQ, SCAP, Allied Translator and Interpreter Section, n.p.

33 "The Relief of the War-Bereaved Families Is Necessary" (trans. H. Furukawa) *Hyūga mainichi shinbun* (9 February 1946); File 1, Box 3470, PHWS, SCAP, RG 331, USNA.

34 "The Non-Payment of Pensions" (trans. Sugawawa) *Asahi shinbun* (6 May 1946), GHQ, SCAP, Allied Translator and Interpreter Section, *Press Translations No. 2828, Social Series No. 537* (n.d.), File 1, Box 3470, PHWS, SCAP, RG 331, USNA.

35 "The Living Conditions of War Victims" (trans. Y. Akabane) *Mainichi shinbun* (10 June 1946); File 1, Box 3470, PHWS, SCAP, RG 331, USNA.

36 "Conditions in Hospitals" (trans. S. Sakata), *Tōkyō shinbun* (18 April 1946), in GHQ, SCAP, Allied Translator and Interpreter Section, n.p.

37 Ibid.

38 "Difficulties of Bereaved Families" (trans. H. Nishimura) *Nippon keizai shinbun* (1 July 1946), File 1, Box 3470, PHWS, SCAP, RG 331, USNA. The seven prefectures were Chiba, Iwate, Nagano, Oita, Okayama, Saitama, and Yamanashi.

39 "SCAPIN 404: Relief and Welfare Plans" (8 December 1945), in General Headquarters, SCAP, *SCAP Directives*, n.p.

40 "Japs Told to Quit Stalling on Relief Job," *Stars and Stripes* (15 December 1945), File 1, Box 3470, PHWS, SCAP, RG 331, USNA.

41 "C.L.O. No. 1484" stated, "With a view to maintaining the minimum living standards of the people who need relief, irrespective of its cause, the people's living is to be firmly secured by enacting a new law, *affecting an overall adjustment of the current laws and ordinances relating to relief*" (italics added). Central Liaison Office, "C.L.O. No. 1484: Relief and Welfare Plans" (31 December 1945), File 11, Box 3470, PHWS, SCAP, RG 331, USNA.

42 Ibid.

43 "SCAPIN 775: Public Assistance" (27 February 1946), in General Headquarters, SCAP, *SCAP Directives*, n.p.

44 Tatara, "The Allied Occupation and Japanese Public Welfare," 321.

45 Public Welfare Association, 522–23.

46 With regard to limits placed on the amounts of relief, supplementary material submitted to SCAP by the Japanese government calculated relief-amount estimates according to the number of individuals living in the household of the recipient. Relief was to be provided to a household depending on its needs (e.g., clothing or housing for the destitute, foodstuffs or ration cards for the malnourished), and as "C.L.O. No. 1484" stated, "Relief shall not exceed Yen 200 a month in the case of a standard household (consisting of five members). This amount will be increased or decreased according to the number [of members] of a household." Central Liaison Office, "C.L.O. No. 1484: Relief and Welfare Plans." But, as stated in SCAPIN 775, GHQ preferred that there be "no limitation on the amount of relief," which, Tatara notes, originated from the American Public Welfare Association platform but was "clearly unrealistic in both the United States and Japan." Tatara, "The Allied Occupation and Japanese Public Welfare," 322. Also see point four in Public Welfare Association, 525–26.

47 Tatara, "The Allied Occupation and Japanese Public Welfare," 320.

48 The government continued to express a preference to rank or prioritize the distribution of relief. On December 15, the Cabinet Council decided that "urgency [*sic*] relief measures" would be given to "needy persons in general and those who are included in the following categories and are in needy conditions. 1. Unemployed; 2. War sufferers; 3. Repatriates; 4. Families whose heads are abroad; 5. Wounded and disabled ex-servicemen and their families and bereaved families." "Enclosure 1. Outline of the urgency measures for the relief of needy persons" (15 December 1945), in Central Liaison Office, "C.L.O. No. 1484: Relief and Welfare Plans."

49 The official English translation (prepared by Japan's Justice Ministry in 1958) of Article 25 reads, "All people shall have the right to maintain the minimum standards of wholesome and cultured living (*seizon*). (2.) In all spheres of life, the State shall use its endeavors for the promotion and extension of social welfare (*shakai fukushi*) and security, and of public health." "Appendix One—The Constitution of Japan," in Inoue, *MacArthur's Japanese Constitution*, 279.

50 "Social Security Bill Being Mapped Out," 2.

51 "Commencement of Welfare Work" (trans. K. Sato), *Hyūga nichinichi shinbun* (13 March 1946), in Allied Translator and Interpreter Section, GHQ, SCAP, *SCAP Press Translations No. 1937* (n.d.), File 1, Box 3470, PHWS, SCAP, RG 331, USNA.

52 SCAP materials and English-language Welfare Ministry documents of the Occupation period refer to this law as the Daily Life Security Law; my translation of the title follows terminology used and understood by the Welfare Ministry. For

more detailed discussion of issues concerning the translation of the title of the law, see Takahashi, 60–61.

53 The repealed laws consisted of the Relief Law (1929), the Mothers and Children Law (1937), the Military Assistance Law (1937), the Medical Care Law (1941), and the War Casualties and Damages Protection Law (1942). It is unclear at what point the Welfare Ministry reversed itself and determined that the new law would override rather than supplement this earlier legislation. At a December 8, 1945, meeting held between Japanese Welfare Minister Ashida Hitoshi and PHWS staff members, Ashida claimed that a new law would "readjust" existing legislation, but during the subsequent drafting of the law, the plan shifted to replacement. George K. Wyman, "Memorandum for Record: Welfare Ministry's Proposal for a Non-Governmental Agency to Administer Relief" (27 November 1945), Folder 1, File 10, PHWS, SCAP, RG 331, USNA.

54 For an account carried by a Tottori Prefecture newspaper of a PHWS press conference of October 25, 1946, see "Livelihood Protection Is Not Charity" (trans. I. Kuniko), *Nihonkai shinbun* (30 October 1946), File 1, Box 3470, PHWS, SCAP, RG 331, USNA.

55 According to a SCAP press release carried in newspapers at the time of the passage of the law, " 'This is the first time,' Col. J. U. Weaver, deputy chief of the Public Health and Welfare Section of SCAP, declared, 'that the inherent right of every individual to a minimum standard of decent living has been recognized in Japan. The whole concept of the government's duty to guarantee and protect that right, widely accepted by all civilized peoples, has up to now been alien to Japanese thinking.' " Quoted in "SCAP Officials Hail Livelihood Help Bill," 2. See also Tatara, "The Allied Occupation and Public Welfare," 323.

56 Seraphim, 60.

57 "Demobilized Soldiers' Loneliness" (trans. Y. Ebiike), *Hokkoku mainichi shinbun* (22 January 1946), in GHQ, SCAP, Allied Translator and Interpreter Section, n.p.

58 "Suspension of the Pension and the National Tribunal" (trans. H. Furukawa), *Bōchō shinbun* (7 February 1946), in ibid., n.p.

59 "Survivors and the War Victims" (trans. A. Suzuki), *Mainichi shinbun* (8 March 1946), in ibid, n.p.

60 Dower, *Embracing Defeat*, 97.

61 "From a War Widow" (trans. M. Kato), *Mainichi shinbun* (29 March 1946), in GHQ, SCAP, Allied Translator and Interpreter Section, n.p.

62 "League of War Widows Founded" (trans. M. Ohno), *Tōkyō shinbun* (28 March 1946), in ibid, n.p.

63 Seraphim, 69.

64 Ibid.

65 "Letters to the Editor" (trans. I. Imai), *Kobe shinbun* (27 March 1946), in GHQ, SCAP, Allied Translator and Interpreter Section, n.p.

66 Seraphim, 71. In 1953, the Japan League for the Welfare of the War Bereaved was reorganized as the Japan Association of War-Bereaved Families (Nihon Izokukai).

67 "Opinions of Demobilized Soldiers on Current Problems" (trans. M. Ohno), *Hokkoku mainichi shinbun* (27 March 1946), in GHQ, SCAP, Allied Translator and Interpreter Section, n.p.

68 The article rendered the title of the group as the League of Patients in State Hospitals. The English translation of the title appeared as the English-language newspaper translation of the day. Members were referred to as "the forgotten victims of Japan's decade of aggression—the maimed ex-soldier, the ex-sailor, and the bombing casualties," indicating that the group did not consist solely of ex-military patients. See "Maimed War Veterans Seek Government Aid," 3.

69 "Disabled Veterans Form Federation" (trans. Y. Asada), *Yūkan miyako* (22 May 1947), File 10, Box 3470, PHWS, SCAP, RG 331, USNA. The Japanese-language name of this group is unspecified in the source document.

70 Prime Minister Katayama told the association that he would do what he could, but the group did not receive such conciliatory words from one member of the House of Councilors. The veterans' representatives reportedly became enraged when Inoue Natsue told them, "Everybody is having a hard time in living. Work and you may be able to maintain your livelihood." "Wounded Soldiers Present Appeal to Premier" (trans. H. Kyono), *Jinmin* (28 August 1947), File 13, Box 3470, PHWS, SCAP, RG 331, USNA. The Japanese-language names of these groups are unspecified in the source document.

71 "Metropolitan Board Makes Appropriation for Disabled Veterans" (trans. Y. Asada), *Asahi shinbun* (14 June 1947), File 10, Box 3470, PHWS, SCAP, RG 331, USNA. Confederation at Second National Hospital was a political affair, as witnessed in the following months by the founding of a Welfare Association for Sick and Wounded Korean Soldiers at the same institution. Details concerning the platform of this group are scarce, but newspaper reportage indicated that members were fueled by perceived indifference on the part of the Japanese government for the welfare of ill and invalid Korean soldiers who had been drafted into the Japanese military. "Welfare Association for Disabled Korean Veterans" (trans. M. Fujiyama), *Kokusai taimusu* (10 October 1947), File 10, Box 3470, PHWS, SCAP, RG 331, USNA.

72 Tsujimura, 30–32.

73 Nelson B. Neff, "Memorandum for Record: Protection and Care of the Physically Handicapped" (21 August 1947), File 11, Physically Handicapped Program, PHWS, SCAP, RG 331, USNA.

74 "Ex-Servicemen Patients Experience Difficult Times" (trans. C. Akashi), *Kokusai taimusu* (8 September 1947) (source of translation unspecified), File 13, Veterans Relief, 1945–1950, Records of the SCAP Civil Historical Section, SCAP, RG 331, USNA.

75 Nelson B. Neff, "Memorandum for Record: Japanese Rehabilitation Proposals" (9 October 1947), File 11, Physically Handicapped Program, PHWS, SCAP, RG 331, USNA.

76 I. H. Markuson, "Memorandum for Record: Physically Handicapped Program" (24 December 1947), File 11, Physically Handicapped Program, PHWS, SCAP, RG 331, USNA. Markuson worked in the Welfare Division of GHQ PHWS. The document does not name the head of the PHWS Medical Services Division.

77 R. E. Riordan, "Memorandum for Record: Brief of the Physically Handicapped Persons" (12 March 1948), File 11, Physically Handicapped Program, PHWS, SCAP, RG 331, USNA.

78 Chūjirō Kimura, "W.M.SAB.WSS No. 1: Rehabilitation Program for the Physically Handicapped" (31 March 1948), File 11, Physically Handicapped Program,

PHWS, SCAP, RG 331, USNA. Kimura served as director of the Welfare Ministry's Social Affairs Bureau.

79 This English-language translation of the official name of the Ōhara Dormitory is not contemporaneous to the Occupation era. Official documents contained in the SCAP records held at the USNA refer to the centers by a variety of names. For example, notes attached to the draft text of an address delivered by General Crawford Sams, chief of PHWS, at the opening ceremony for the Ōhara Dormitory held on June 23, 1948, refer to Ōhara as the "First School for the Physically Handicapped." In January 1949, a CLO report sent to PHWS alternately referred to the centers as "Accommodation Facilities for the Physically Handicapped" and "Institutions for Accommodation of Physically Handicapped Persons." A PHWS report dating to June 1949 refers to the centers as "National Physical Rehabilitation Centers."

80 Ferdinand Micklautz, "Memorandum For Record: Conference on Proposed Physically Handicapped Bill" (30 November 1948), reprinted in <Zaidan Hōjin> Shakai Fukushi Kenkyūjo, 103–4.

81 Aoki Hideo, "Bill of Physically Handicapped Persons Law" (n.d.), File 6, Physically Handicapped Persons Law, May 1948–May 1951, PHWS, SCAP, RG 331, USNA. See also Takagi Kenji, "The Law of the Protection and Rehabilitation for the Physically Handicapped" (n.d.), File 6, Physically Handicapped Persons Law, May 1948–May 1951, PHWS, SCAP, RG 331, USNA.

82 Imamura, 6–7; the number of disabled veterans in Japan as of July 1949 is on p. 6.

83 K. Steiner, "Subject: Draft of Law for Welfare of Disabled Persons" (14 November 1949), File 6, Physically Handicapped Persons Law, May 1948–May 1951, PHWS, SCAP, RG 331, USNA; K. Steiner, "Law for Welfare of Disabled Persons" (22 November 1949), File 6, Physically Handicapped Persons Law, May 1948–May 1951, PHWS, SCAP, RG 331, USNA. Steiner worked in GHQ Legal Section.

84 SCAP and English-language Welfare Ministry documents of the Occupation era refer to the law as both the "Law for the Welfare of Disabled Persons" and the "Law for the Welfare of Handicapped Persons." The official translation of the law that was released in 1949 uses "Law for the Welfare of Disabled Persons," "Disabled Person's Handbook," and the like. It is unclear whether SCAP or the Japanese government prepared the English-language translation of the law.

85 "The Law for the Welfare of Disabled Persons" (1949), reprinted in GHQ, SCAP, *History of the Nonmilitary Activities of the Occupation of Japan*, 69–85.

86 For the quotation, see Government Section, GHQ, "Check Sheet: Program for Physically Handicapped" (sent to PHWS on 8 January 1948), File 11, Physically Handicapped Program, PHWS, SCAP, RG 331, USNA.

87 Thomas H. Stratton, Major, CMP, Commanding, Nagano Military Government Team Headquarters, "Presentation of Wounded Soldiers Medals" (sent to Commanding Officer, Kanto Military Government Region, on June 4, 1948), Folder 1, File 20, Box 9348, PHWS, SCAP, RG 331, USNA.

88 Yoshio Kozuki [Kotsuki], "Report on Matters Indicated on 23 July, 1948, by Col. N.B. Neff through Director of Relief Bureau, Repatriation Relief Agency" (addressed to Brigadier General C. F. Sams, Chief, Public Health and Welfare Section, GHQ, and delivered to Nelson B. Neff, Chief, Welfare Division, Public Health and Welfare Section, GHQ, on 26 July 1948), Folder 1, File 20, Box 9348, PHWS, SCAP, RG 331, USNA.

89 Ibid.
90 Nelson B. Neff, "Memorandum for Record: Wounded Soldiers and Bereaved Families' Medals" (27 July 1948), Folder 1, File 20, Box 9348, PHWS, SCAP, RG 331, USNA.
91 G-2, GHQ, "Check Sheet: Presentation of Wounded Soldier Medals" (sent to Government Section on 9 August 1948), Folder 1, File 20, Box 9348, PHWS, SCAP, RG 331, USNA.
92 Nelson B. Neff, "Memorandum for Record: Bereaved Families and Wounded Soldiers' 'Badges' " (19 August 1948), Folder 1, File 20, Box 9348, PHWS, SCAP, RG 331, USNA.
93 There is also the fact that in January 1931 General Douglas MacArthur, who literally embodied SCAP, had overseen the resuscitation of the U.S. Government's Badge of Military Merit; under his direction, the badge was redesigned to become the Purple Heart (the decoration bestowed to wounded and killed military personnel). For MacArthur, the symbolic importance of recognizing the sacrifices made by servicemen was clear.
94 See the comments of the Welfare Division on "potential manpower for future aggression," in Markuson, "Memorandum for Record: Physically Handicapped Program" (24 December 1947).
95 Shimon, 14.
96 "Japan Day by Day—'Men in White,' " 4.
97 Ibid.
98 "Soliciting Banned for Ex-Servicemen," 4.
99 "Japan Day by Day—'Men in White,' " 4.
100 "The Forgotten Men," 8.
101 "Missionary Aids Ex-Serviceman," 3.
102 "Readers in Council—Proper Relief," *Nippon Times* (9 December 1950), File 10, Box 3470, PHWS, SCAP, RG 331, USNA.
103 Dower, *Empire and Aftermath*, 316.
104 See the captioned photos "A Japanese Boy Visits a Wounded GI," "Visit Wounded Soldiers," "Fruit and Flowers," and "Flowers for Wounded Soldiers," all of which appeared in the pages of the *Nippon Times* during August 1950.
105 "Readers in Council—Comfort Bags to GI's," 6.

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Color plate 1A. *Let's Give Thanks to Disabled Veterans*, a translucent cellophane poster designed to be placed in a train or trolley car window, undated (c. 1938–1945); created by the Sakhalin Branch of the Servicemen's Support Association (Gunjin Engokai).

Color plate 1B. The redesigned Servicemen's Injury Badge that was issued to disabled veterans from August 1938 until late 1945. Collection of the author.

Color plate 2. *A Sanitary Corps Active in a Rain of Bullets* by illustrator Suzuki Gyosui, 1939. *Source: <Seisen bidan> Kōa no hikari*, n.p. Collection of the author.

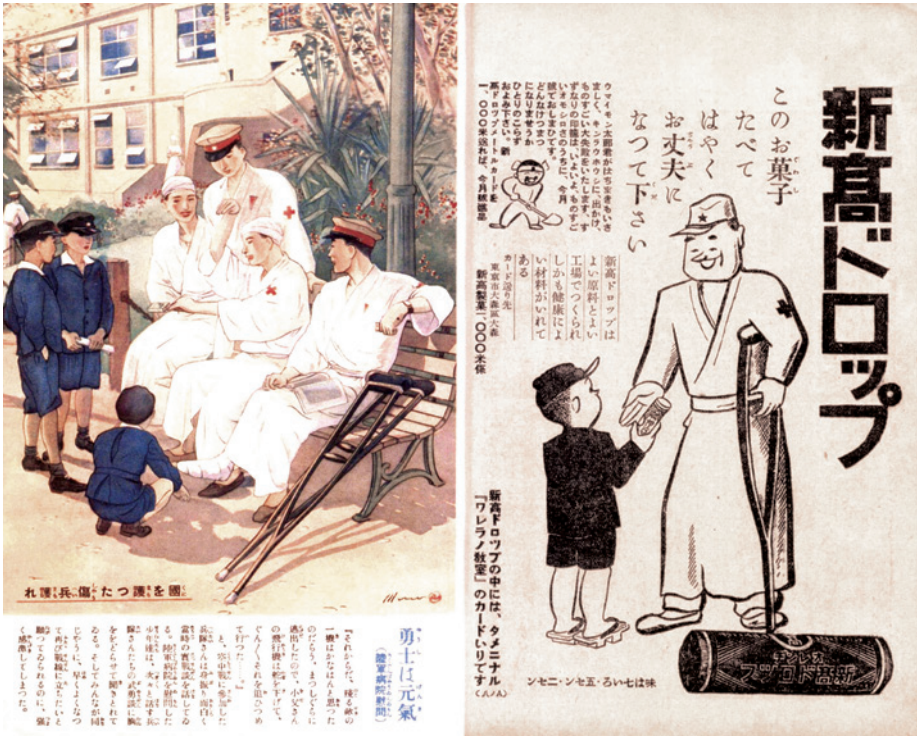
Color plate 3. Postcard of Aikoku Fujinkai members visiting a hospitalized wounded soldier, 1938. This appeared as part of a set of postcards issued in conjunction with the first observation of Home Front Support Strengthening Week in October 1938. Collection of the author.

Color plate 4. *Unwavering Thanks for Honorable Wounds*, an advertising poster for the first annual observance of Home Front Support Strengthening Week in October 1938. The poster was released by the Shōhei Hogoin and the Central League for National Spiritual Mobilization. The disabled veteran at its center wears the redesigned Servicemen's Injury Badge on his chest (gold detailing clarifies that he has the War Injury version of the badge). Used with the permission of the Shōwakan.

Color plate 5. *The Two-Person-One-Body Blind Herald*, by illustrator Torii Kotondo, 1939. *Source: <Seisen bidan> Kōa no hikari*, n.p. Collection of the author.

Color plate 6. *The Spirit of Manly War-Wounded Heroes*, by Sakurai Chisoku, 1938.
Source: Sakurai, "Rinko senshō yūshi no iki (ni Rin-Tō-1)," n.p.

Color plate 7. *National Radio Calisthenics Assemblies*, a poster released by the Japan Broadcasting Association to promote a month of radio exercises held each morning, undated (c. 1941–1945). In the foreground, a wounded soldier exercises; in the background, a female nurse and a schoolgirl move their bodies as he does. Used with the permission of the Shōwakan.



Color plate 8. Double-page spread featuring wounded soldiers from the November 1938 issue of *Boys' Club* magazine. On the right is an advertisement for Niitaka Drops, an orange-flavored hard candy; a boy hands some of the sweets to a "white-robed hero," saying, "Please eat this candy and get well soon." On the left is an illustration titled "The Heroes Are Healthy"; three schoolboys listen to war stories told by a group of wounded soldiers who are relaxing outside an army hospital. The horizontal caption located beneath the squatting boy is the Shōhei Hogoin's slogan "Protect Wounded Soldiers Who Protected the Nation!"
Source: "Yūshi ha genki," n.p.